

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:) CASE NO. 14-71797
)
HP/SUPERIOR, INC.,) Chapter 11
)
Debtor.) JUDGE BONAPFEL

DEBTOR'S MONTHLY FINANCIAL REPORT
FOR THE PERIOD
FROM MARCH 1, 2015 TO MARCH 31, 2015

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.



Attorney for Debtor
J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Debtor's Address
and Phone Number:

1800 New York Avenue
Superior, WI 54880

Attorney's Address
and Phone Number:

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
Tel: (404) 893-3880

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 3/1/15 AND ENDING 3/31/15

Name of Debtor: HP/Superior, Inc.
Date of Petition:

Case Number 14-71797

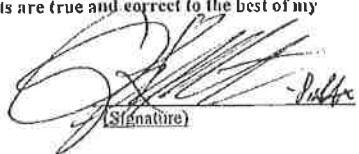
1. FUNDS AT BEGINNING OF PERIOD

2. RECEIPTS

	CURRENT MONTH	CUMULATIVE PETITION TO DATED
	20,460.09 (a)	10,871.90 (b)
A. Cash Sales	-	-
Minus: Cash Refunds	-	-
Net Cash Sales	-	-
B. Accounts Receivable	315,296.14	1,438,789.30
C. Other Receipts (See MOR-3)	31,528.96	163,652.46
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	346,825.10	1,602,441.76
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	367,285.19	1,613,313.66
5. DISBURSEMENTS		
A. Advertising	-	-
B. Bank Charges	1,032.52	4,188.33
C. Contract Labor	98,237.41	246,990.48
D. Fixed Asset Payments (not incl. in "N")	-	-
E. Insurance	23,331.34	155,634.58
F. Inventory Payment (See Attachment 2)	-	-
G. Leases	810.30	3,263.05
H. Patient Care Supplies	33,056.91	187,107.15
I. Office Supplies	-	-
J. Payroll - Net (See Attachment 4B)	139,480.94	806,841.50
K. Professional Fees (Accounting & Legal)	-	-
L. Rent	-	-
M. Repairs & Maintenance	-	8,644.37
N. Secured Creditor Payments (See Attachment 2)	-	-
O. Taxes Paid - Payroll (See Attachment 4C)	58,809.42	98,910.12
P. Taxes Paid - Sales & Use (See Attachment 4C)	-	-
Q. Taxes Paid - (See Attachment 4C)	-	-
R. Telephone	1,605.43	4,782.39
S. Travel & Entertainment	182.48	4,824.37
Y. U.S. Trustee Quarterly Fees	-	-
U. Utilities	20,945.23	86,605.22
V. Vehicle Expenses	-	-
W. Other Operating Expenses (See MOR-3)	-	13,728.89
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	375,491.98	1,621,520.45
7. ENDING BALANCE (Line 4 Minus Line 6)	(8,206.79) (c)	(8,206.79) (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 1st day of April, 2015.



(Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Guest Meals,	\$10.00	\$306.21
Lien Repayment		\$32,455.85
Loan From AltaCare Corporation		\$47,500.00
Net Bank Reversals		\$5,041.10
Interest	\$0.58	\$2.88
Coping		\$60.20
MCD Advance	\$31,000.00	\$78,500.00
Screening and Garnishment Collection	\$234.55	\$704.55
AR Posing Timing	\$283.83	(\$918.33)
TOTAL OTHER RECEIPTS	\$31,528.96	\$163,652.46

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
\$47,700	AltaCare Corporation	Working Capital	Administrative Expenses

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Lien With Holdings		\$6,986.69
		\$2,270.20
WPC Certification		\$542.00
Carl Ratcliff		\$2,800.00
Payment #16 Act#4290		\$1,130.00
TOTAL OTHER DISBURSEMENTS		\$13,728.89

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.
Will when available

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

ACCOUNTS RECEIVABLE AT PETITION DATE: \$803,505.91 As November 1 was a Saturday and effectively the October 31, 2014 balance was the balance as of the Petition Date.

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	<u>\$ 911,428.27</u>	(a)
PLUS: Current Month New Billings	<u>360,051.58</u>	
MINUS: Collection During the Month	<u>\$ (315,296.14)</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	<u>\$ (\$2,185.36)</u>	*
End of Month Balance	<u>\$ 953,998.35</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:
Various routine adjustments for prior months.

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
<u>\$ 258,066.28</u>	<u>\$84,061.65</u>	<u>\$93,960.35</u>	<u>\$517,910.07</u>	<u>\$953,998.35 (c)</u>

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	Status (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
		<u>Medicaid and Medicare Various The Debtor continues to bill, work and collect on these accounts. \$100+ is involved in a state receivership' \$48k is awaiting various state approvals and \$70k is awaiting the respective cost reporting process.</u>

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).
(c) These two amounts must equal.

Billing Journal Summary
St Francis in the Park Health and Rehab (068)
For the Month of March, 2015

AR Type	Balance Forward	Payments	Current Month	Prior Month Adjustments	Ending Balance	% of Bal. Fwd/ Collected
CA	MA COINS MCD	30,404.30			33,239.30	
Ci	MA COINS INS	40,328.84	{16,216.50}	6,142.50	30,254.84	40.24%
CP	MA COINS PRIVATE	2,448.50			2,448.50	
CPM	MA COINS PENDING MCD	5,065.50		(1,417.50)	3,648.00	
HM	HOSPICE MEDICAID	18,177.26			18,177.26	
HO	HOSPICE	19,763.05			19,763.05	
IN	INSURANCE	41,301.79			55,202.50	
INP	INS COINS PVT	3,674.03	2,047.50		5,721.53	
INS	INS COINS STATE	875.00			875.00	
MA	MEDICARE A	90,840.31	(34,647.32)	86,603.90	136,518.41	38.14%
MB	MEDICARE B	37,864.52	(12,567.85)	11,849.80	(2.71)	36,943.76
MC	MANAGED CARE	50,007.40			50,007.40	
MR	MEDICARE REPLACEMENT	96,174.84			96,174.84	
MRP	MCR REPLIC PVT COINS	1,171.90			1,171.90	
MRS	MCR REPLIC MCD COIN	2,267.90			2,267.90	
MS	MEDICAID SKILLED	311,580.63	(179,695.10)	152,064.72	6,678.21	290,638.46
OM	OUTPATIENT MEDICARE	635.16			635.16	
OP	OUT PATIENT PRIVATE	(24.00)			(24.00)	
PM	PENDING MEDICAD	37,100.55			8,907.74	
PP	PRIVATE	75,212.31	(34,604.73)	35,011.00	(4,176.94)	41,831.35
RL	RESIDENT LIABILITY	28,688.26	(28,752.37)	36,665.89	195.00	76,813.58
XB	MB COINS MCD	19,368.52	(2,483.06)	1,930.50	2,817.73	46.07%
XI	MB COINS INS	(3,880.46)	(6,329.21)	484.05	(0.67)	39,429.51
XP	MB COINS PRIVATE	334.80				100.19%
XPM	MB COINS PENDING MCD	1,664.53				12.82%
ZB	OM COINS MCD	515.83				
ZP	OM COINS PRIVATE	57.00				
<i>Totals:</i>		914,478.27	(315,296.42)	360,051.58	12,853.67	57.00
						24.59%

42 • 319 • 06*

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Month-end Aged Analysis
St Francis in the Park Health and Rehab (068)
For the Month of Mar, 2015

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Resident (Res#/Discharge Date)		Mar	Feb	Jan	Dec	Nov	Oct	Sep	Balance	Advance	Bill Amt	Total
Type	Balance											Due
Aged Analysis Summary												
CA	2,835.00		4,882.50	2,432.00	760.00	3,192.00	26,452.30	33,239.30				33,239.30
CI	6,142.50	8,190.00					8,607.84	30,264.84				30,264.84
CP							2,448.50					2,448.50
CPM							3,648.00					3,648.00
HM			179.66	22.86		339.68	17,455.40					18,177.26
HO			2,829.54	4,767.94	4,042.20	4,176.94	3,946.43					19,763.05
HP												
IN	13,900.71	14,543.65		1,993.39	1,092.57	3,557.64	16,820.62	55,202.50				55,202.50
IND												
INP	2,047.50						3,674.03	5,721.53				10,446.53
INS							875.00	875.00				875.00
LTC												
MA	86,603.90	12,157.89	10,102.74	4,977.09	2.45	2,924.99	25,599.33	136,518.41				136,518.41
MB	11,849.80	2,791.43	4,119.06	3,926.05	1,909.24	526.26	11,821.92	36,933.76				36,943.76
MC			6,417.00	3,933.00	8,686.40	7,829.06	18,380.94	50,007.40				50,007.40
MD												
MI												
MR												
MRP												
MRS												
MS	107,253.52	25,182.40	57,731.86	29,467.22	8,159.02	3,327.38	59,517.06	290,636.46				290,638.46
OI												
OM												
OP												
PM	8,907.74	4,176.94			3.28	565.49	17.46	48.93	635.16			635.16
PP	3,929.27	1,894.00	5,507.00	4,320.00		5,752.00	8,348.27	28,746.67	24.00-	24.00-		24.00-
RL	11,573.52	7,198.98	1,987.97	1,812.57		5,028.58	2,876.26	8,951.61	41,831.35			41,831.35
TD												
XB	1,930.50	2,493.98	1,634.63	484.65		307.45	257.34	11,706.74	7,028.06-	7,028.06-		117,255.58
XI	484.05	671.38	4,725.53		316.82	222.16	123.56		334.80	334.80		334.80
XP												
XPM	608.27								1,664.53	2,272.80		2,272.80
ZB									335.46	515.83		515.83
ZI												
ZP												
Totals:	258,066.28	84,061.65	93,960.35	58,819.67	25,187.79	31,679.88	402,222.73	953,998.35	57.00	57.00	1,031,301.60	1,031,301.60
	27.05%	8.81%	9.85%	6.17%	2.64%	3.32%	42.16%	100.00%				

Accounts Payable

Aged Payables Report

Vendor Summary Aged As of 03/31/2015

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
8	Aegis Therapies	0.00	41,023.56	0.00	38,675.81	0.00	0.00	0.00	2,347.75
1	AltaCare Corporation	0.00	9,474.45	0.00	477.98	0.00	2,612.33	2,710.86	4,659.24
9	American Healthtech	0.00	1,311.73	0.00	0.00	22.56	1,263.36	0.00	25.81
27	annLea, Inc.	0.00	35,623.51	0.00	19,333.14	16,240.37	0.00	0.00	0.00
14	Anthem BCBS Dental	0.00	-110.38	0.00	-110.38	0.00	0.00	0.00	0.00
12	Aramark Uniform Services	0.00	15,547.34	0.00	15,547.34	0.00	0.00	0.00	0.00
18	Bachand Estates, LLP	0.00	15,556.69	0.00	0.00	5,207.13	4,877.19	5,472.57	
17	Badger Taxi	0.00	483.95	0.00	482.95	0.00	0.00	0.00	0.00
166	Belknap Plumbing & Heating	0.00	101.22	0.00	0.00	101.22	0.00	0.00	0.00
205	Brenda Dolsen	0.00	12.65	0.00	12.65	0.00	0.00	0.00	0.00
22	Charter Communications	0.00	1,410.97	0.00	705.63	705.54	0.00	0.00	0.00
25	City of Superior-Stormwater Utility	0.00	4,165.35	0.00	0.00	4,165.35	0.00	0.00	0.00
21	Crandall & Associates	0.00	1,712.51	0.00	1,270.51	442.00	0.00	0.00	0.00
34	De Lage Landen Financial Services, Inc.	0.00	978.99	0.00	978.99	0.00	0.00	0.00	0.00
44	Five Rivers Management, LLC	0.00	213.58	0.00	113.83	-960.10	539.90	500.00	19.95
46	Health Partners	0.00	7,222.10	0.00	7,202.10	0.00	0.00	0.00	20.00
43	Home Medical Products & Svcs	0.00	264.00	0.00	214.00	50.00	0.00	0.00	0.00
48	Jean Graskey	0.00	49.63	0.00	0.00	49.63	0.00	0.00	0.00
207	Jennifer Rose	0.00	64.49	0.00	38.05	26.44	0.00	0.00	0.00
168	Jim Fauncezimmoer	0.00	3,312.00	0.00	0.00	0.00	0.00	0.00	3,312.00
212	Joe P. Kimmes Oil Co., Inc.	0.00	0.73	0.00	0.00	0.25	0.00	0.00	0.48
53	Katrina Warner	0.00	199.99	0.00	199.99	0.00	0.00	0.00	0.00
208	LB Medwaste Services	0.00	904.80	0.00	626.80	278.00	0.00	0.00	0.00
160	MassMutual - aka Hartford Life Ins	0.00	9,708.16	0.00	0.00	9,708.16	0.00	0.00	0.00
50	Merwin IV & Speciality Pharmacy	0.00	542.28	0.00	542.28	0.00	0.00	0.00	0.00
60	Merwin LTC Pharmacy	0.00	26,068.87	0.00	11,068.20	10,915.46	4,085.21	0.00	0.00
59	National Vision Administrators	0.00	66.31	0.00	66.31	0.00	0.00	0.00	0.00
71	Petty Cash	0.00	9,235.56	0.00	6,540.90	2,694.66	0.00	0.00	0.00
7	Platinum Care	0.00	13,956.21	0.00	6,709.78	6,901.83	0.00	108.90	235.70
81	Plunkett's Pest Control	0.00	121.47	0.00	40.49	80.98	0.00	0.00	0.00
78	Robertson Ryan & Associates, Inc.	0.00	12.36	0.00	0.00	12.36	0.00	0.00	0.00
206	Sea Isle Corporation	0.00	975.61	0.00	975.61	0.00	0.00	0.00	0.00
3	SMDC Clinical Lab - (Essentia Health)	0.00	971.50	0.00	252.61	673.08	0.00	0.00	45.81

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Business Date: 4/21/2015

Accounts Payable
Aged Payables Report
Vendor Summary Aged As of 03/31/2015

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
110	St. Luke's Hospital	0.00	137.36	0.00	14.51	0.00	142.85	0.00	0.00
106	Superior USA Corporation	0.00	2,685.18	0.00	0.00	170.71	2,377.36	157.11	0.00
104	Superior Water & Light & Power Co.	0.00	22,401.81	0.00	22,401.81	0.00	0.00	0.00	0.00
43	Taffaro Marketing Group Inc	0.00	12,560.00	0.00	0.00	12,560.00	0.00	0.00	0.00
118	Telephone Associates	0.00	2,631.85	0.00	1,630.85	1,001.00	0.00	0.00	0.00
2	U.S. Foodservice	0.00	22,144.32	0.00	18,819.65	3,324.69	0.00	0.00	0.00
145	UNUM Life Insurance Company of America	0.00	264.87	0.00	264.87	0.00	0.00	0.00	0.00
Wa	Waste Management of WI-MN	0.00	1,117.98	0.00	1,117.98	0.00	0.00	0.00	0.00
127	WI Dept of Justice	0.00	50.00	0.00	50.00	0.00	0.00	0.00	0.00
126	Wisconsin Dept of Health & Family Svcs	0.00	80,240.00	0.00	20,060.00	20,060.00	20,060.00	20,060.00	0.00
Report Totals:									
		0.00	345,435.56	0.00	175,420.26	75,350.25	50,161.90	28,394.06	16,109.11

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ _____

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	<u>\$</u> _____	(a)
PLUS: Inventory Purchased During Month	<u>\$</u> _____	
MINUS: Inventory Used or Sold	<u>\$</u> _____	
PLUS/MINUS: Adjustments or Write-downs	<u>\$</u> _____	*
Inventory on Hand at End of Month	<u>\$</u> _____	

METHOD OF COSTING INVENTORY: _____

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= <u>100%*</u>

* Aging Percentages must equal 100%.

Check here if inventory contains perishable items.

Description of Obsolete Inventory: Non Applicable

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____ (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only):

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	<u>\$</u> _____	(a)(b)
MINUS: Depreciation Expense	<u>\$</u> _____	
PLUS: New Purchases	<u>\$</u> _____	
PLUS/MINUS: Adjustments or Write-downs	<u>\$</u> _____	*
Ending Monthly Balance	<u>\$</u> _____	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Period ending 3/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/usth/214/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ 2,425.95
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ 2,425.95 *** (a)

*Debit cards are used by N/A

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Cheeks and other debits", listed above, includes:

\$ 10,000.00	Transferred from #43008
\$ 39,500.00	Transferred to #1037
\$ 37,000.00	Transferred to #1029
\$ 52,500.00	Transferred to #4308

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (185)
OPERATING BANK RECONCILIATION
(185) 1-0000-1000004

March 31, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

	Per Bank	Per Books
BEGINNING GL BALANCE		39,658.98
ENDING BANK BALANCE	<u>2,425.95</u>	
 FACILITY DEPOSITS		187,181.66
 WIRE TRANSFERS		(119,000.00)
 AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(7,372.82)
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(132,209.04)
 OUTSTANDING CHECKS (SCHEDULE ATTACHED)		
 ANALYSIS CHARGE		(184.76)
NSF/OVERDRAFT FEES		
WIRE FEES		(110.00)
CASHIER CHECK FEES		
 VOID CHECKS:		
 MISCELLANEOUS ITEMS:		
03/02/15 Bank Fee for Remote Deposit Machine		(50.00)
03/18/15 Withdrawal for cashier's check for Superior Water Light & Power (entered to AP under OP Account; paid out of PR Account)		23,035.56
Check #16 reentered to AP (as it was voided in February but cleared the bank on 2/5/15)		1,130.00
Check #100009 entered to AP on 2/27/15 cleared BMO bank on 03/02/15		2,237.82
Check #100010 entered to AP on 3/03/15 cleared BMO bank on 03/04/15		6,966.59
Check #100011 entered to AP on 3/06/15 cleared BMO bank on 03/17/15		160.00
03/23/15 ACH entered for Anthem (cleared BMO bank on 03/23/15)		981.96
	<u>2,425.95</u>	<u>2,425.95</u>

Difference between Bank and Books

Prepared by: _____

Approved by: _____

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
March 31, 2015
NATIONAL BANK OF COMMERCE (ENDING 4290)

TOTAL OUTSTANDING CHECKS ----->

CHECK #	DATE	PAYEE	AMOUNT
		None.	

Date 3/31/15 Page 1
Primary Account @XXXXXXXXXX@4290
Enclosures

HP SUPERIOR INC
ST FRANCIS IN THE PARK
OPERATING ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

IG PLANS FOR 2015? Let us help you save money today. We have low interest rates
o finance your summer plans. Make an appointment with a Banker and find out
hat's possible.

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
OPERATING ACCOUNT

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share and
protect your personal information. Our privacy policy has not changed and you
may review our policy and practices with respect to your personal
information at nbcbanking.com or we will mail you a free copy upon request if
you call us at 715.394.5531.

USINESS CKING-RDC	Number of Enclosures
Account Number	Statement Dates 3/02/15 thru 3/31/15
Previous Balance	Days in the statement period 30
10 Deposits/Credits	Average Ledger 20,516.70
29 Checks/Debits	Average Collected 20,516.70
ERVICE CHARGE	
Interest Paid	
urrent Balance	2,425.95

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$.00	\$120.00
Return item fees year to date	\$.00	\$.00

Date 3/31/15 Page 2
Primary Account @XXXXXXXXXX@4290
Enclosures

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

3/02 HCCLAIMPMT NATIONAL GOVERNMENT	2,263.78	44,160.58
HP SUPERIOR INC		
525397		
TRN*1*EFT5304005*1351840597*00		
0006001~		
3/02 Analysis Service Charge	184.76-	43,975.82
3/02 Wire Transfer Debit	6,242.82-	37,733.00
PATINUM CARE INC		
021407912		
7017208106		
240 52ND ST		
BROOKLYN NY 11220		
CAPITAL ONE BK		
REF: ST FRANCIS		
20150302 000001		
3/02 Transfer to G/L	50.00-	37,683.00
Acct No. @XXXXXXXXXX@3000		
3/03 HCCLAIMPMT NATIONAL GOVERNMENT	613.22	38,296.22
HP SUPERIOR INC		
525397		
TRN*1*EFT5306658*1351840597*00		
0006001~		
3/05 Medicaid State of Wisc	48,648.12	86,944.34
HP SUPERIOR INC DBA		
31674691Y		
TRN*1*500743320*1396006469		
3/05 Wire Transfer Fee	10.00-	86,934.34
3/05 Wire Transfer Debit	37,000.00-	49,934.34
HP SUPERIOR ST FRANCIS IN THE		
071025661		
4814771029		
1800 NEW YORK AVE		
SUPERIOR, WI 54880		
BMO HARRIS BANK NA		
CHICAGO, IL		
20150305 000004		
3/06 HCCLAIMPMT NATIONAL GOVERNMENT	12,368.80	62,303.14
HP SUPERIOR INC		
525397		
TRN*1*EFT5313710*1351840597*00		
0006001~		
3/06 Wire Transfer Fee	10.00-	62,293.14
3/06 Wire Transfer Debit	6,919.10-	55,374.04
FIRST INSURANCE FUNDING CORP		

Date 3/31/15 Page 3
Primary Account @XXXXXXXXXX@4290
Enclosures

BUSINESS CKING-RDC

@XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

071925334		
273021		
450 SKOKIE BLVD, STE 1000		
NORTHBROOK, IL 60062		
LAKE FOREST BK		
LAKE FOREST, IL		
REF - ACCT# 900-166231 - SUPER		
20150306 000002		
3/06 Transf to PAYROLL	23,000.00-	32,374.04
Confirmation number 306150128		
3/09 Wire Transfer Fee	10.00-	32,364.04
3/09 Wire Transfer Debit	25,000.00-	7,364.04
HP SUPERIOR INC ST FRANCIS IN		
071025661		
4814771037		
1800 NEW YORK AVE		
SUPERIOR, WI 54880		
BMO HARRIS BANK NA		
CHICAGO, IL		
20150309 000005		
3/11 Transf to PAYROLL	5,000.00-	2,364.04
Confirmation number 311150054		
3/12 Medicaid State of Wisc	47,191.60-	49,555.64
HP SUPERIOR INC DBA		
31684550Y		
TRN*1*500746876*1396006469		
3/13 Trsf from PAYROLL	10,000.00	59,555.64
Confirmation number 313150114		
3/13 Wire Transfer Fee	10.00-	59,545.64
3/13 Wire Transfer Fee	10.00-	59,535.64
3/13 Wire Transfer Fee	10.00-	59,525.64
3/13 Wire Transfer Debit	5,500.00-	54,025.64
HP SUPERIOR INC ST FRANCIS IN		
071025661		
4814771037		
1800 NEW YORK AVE		
SUPERIOR, WI 54880		
BMO HARRIS BANK NA		
CHICAGO, IL		
20150313 000006		
3/13 Wire Transfer Debit	9,000.00-	45,025.64
HP SUPERIOR INC ST FRANCIS IN		
071025661		
4814771037		

Date 3/31/15 Page 4
Primary Account @XXXXXXXXXXXX@4290
Enclosures

BUSINESS CKING-RDC

@XXXXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

	1800 NEW YORK AVE SUPERIOR, WI 54880 BMO HARRIS BANK NA CHICAGO, IL TAXES 20150313 000004		
3/13	Wire Transfer Debit AEGIS THERAPIES 065300486 6400110976 1000 FIANNA WAY FORT SMITH, AR 72919 BANCORPSOUTH BK TUPELO, MS ST FRANCIS JAN INVOICE 20150313 000004	34,478.67~	10,546.97
3/16	Wire Transfer Fee	10.00-	10,536.97
3/16	Wire Transfer Debit ARAMARK UNIFORM SERVICES (AUS) 071000013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266 JPMCHASE ILLINOIS CHICAGO, IL 1/30 AND 2/13 INVOICES -ST FRA 20150316 000002	8,916.58~	1,620.39
3/19	Medicaid State of WIsc HP SUPERIOR INC DBA 31693877Y TRN*1*500750474*1396006469	14,319.05 ~	15,939.44
3/20	Transf to PAYROLL Confirmation number 320150098	15,500.00~	439.44
3/23	HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397 TRN*1*EFT5339651*1351840597*00 0006001~	29,010.98~	30,258.42
3/24	Wire Transfer Fee	10.00-	30,248.42
3/24	Wire Transfer Debit ARAMARK UNIFORM SERVICES (AUS) 071000013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266	12,912.96~	17,335.46

Date 3/31/15 Page 5
Primary Account @XXXXXXXXXX@4290
Enclosures

USINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

	JPMCHASE ILLINOIS CHICAGO, IL ST FRANCIS 2/20, 2/27, 2/27, 2 20150324 000005		
3/25	HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397 TRN*1*BFT5344599*1351840597*00 0006001~	4,414.17*	21,749.63
3/25	Transf to PAYROLL Confirmation number 325150057	9,000.00-	12,749.63
3/26	Medicaid State of Wisc HP SUPERIOR INC DBA 31820567Y TRN*1*500754057*1396006469	27,543.94*	40,293.57
3/27	Wire Transfer Fee	10.00-	40,283.57
3/27	Wire Transfer Fee	10.00-	40,273.57
3/27	Wire Transfer Debit ALTACARE CORPORATION 053100300 009062579442 5895 WINDWARD PKWY STE 200 ALPHARETTA, GA 30005 FIRST CITZ RALEIGH RALEIGH, NC MARCH 2015 ACCOUNTING FEE 20150327 000004	3,500.00-	36,773.57
3/27	Wire Transfer Debit PLATINUM CARE INC 021407912 7017208106 240 52ND ST BROOKLYN, NY 11220 NORTH FORK BANK MELVILLE, NY ST FRANCIS 20150327 000004	4,098.90-	32,674.67
3/31	Wire Transfer Fee	10.00-	32,664.67
3/31	Wire Transfer Debit AEGIS THERAPIES 065300486 6400110976 1000 FIANNA WAY FORT SMITH, AR 72919	30,238.72-	2,425.95

Date 3/31/15 Page 6
Primary Account 0XXXXXXXXXX@4290
Enclosures

JUSTNESS CKING-RDC

0XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

BANCORPSOUTH BK
TUPELO, MS
ST FRANCIS - 2/28/15 INVOICE
20150331 000004

* * * DAILY BALANCE INFORMATION * * *					
Date	Balance	Date	Balance	Date	Balance
3/02	37,683.00	3/12	49,555.64	3/24	17,335.46
3/03	38,296.22	3/13	10,546.97	3/25	12,749.63
3/05	49,934.34	3/16	1,620.39	3/26	40,293.57
3/06	32,374.04	3/19	15,939.44	3/27	32,674.67
3/09	7,364.04	3/20	439.44	3/31	2,425.95
3/11	2,364.04	3/23	30,250.42		

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the

alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

HPI/Superior, Inc.

Accounts Payable
Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0999050215	APMC-0000290	3/2/2015	81	Platinum Care
0000000016	APMC-0000291	3/1/2015	48	Home Medical Products & Svcs
Report Total:				7,372.82

Run Date: 4/16/2015 9:01:01 AM
Business Date: 4/16/2015

Page 1

Accounts Payable

Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0000100010	APSC-0000056	3/5/2015	1	AltaCare Corporation
0000100011	APSC-0000040	3/6/2015	127	WI Dept of Justice
0999030615	APMC-0000056	3/6/2015	6	First Insurance Funding
0000000644	APMC-0000059	3/18/2015	104	Superior Water & Light & Power Co.
0999032215	APMC-0000060	3/27/2015	81	Platinum Care
0999031615	APMC-0000063	3/16/2015	12	Aramark Uniform Services
0999032415	APMC-0000064	3/24/2015	12	Aramark Uniform Services
0999031315	APMC-0000065	3/13/2015	8	Aegis Therapies
9990327151	APMC-0000066	3/27/2015	1	AltaCare Corporation
0999032315	APMC-0000067	3/23/2015	14	Anthem BCBS Dental
0999033115	APMC-0000069	3/31/2015	8	Aegis Therapies
Report Total:				132,209.04

ATTACHMENT 4A-2

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: JIP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Period ending 3/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: BMO Harris Bank

BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxx1029

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ 9,429.21
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ (\$22,196.82) *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ (1,276.61) **(a)

*Debit cards are used by N/A

**If Closing Balance is negative, provide explanation: Transfer will be made the first of April.

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: Check here if cash disbursements were authorized by United States Trustee)

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 37,000.00 Transfer in from #4290
\$ 13,800.00 Transfer to #1037

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215)
OPERATING BANK RECONCILIATION
(215) 1-0000-1000004
March 31, 2015
HARRIS BANK (Bank Account Number Ending 1029)

	Per Bank	Per Books
		(21,182.81)
BEGINNING GL BALANCE		
ENDING BANK BALANCE	<u>9,429.21</u>	
FACILITY DEPOSITS		34,945.53
EARNED INTEREST		0.58
WIRE TRANSFERS		23,200.00
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(39,244.54)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(22,196.82)	
ANALYSIS CHARGE		
NSF/OVERDRAFT FEES		(140.00)
WIRE FEES		
CASHIER CHECK FEES		
MISCELLANEOUS ITEMS:		
Check #100009 entered to AP under NBC Bank but cleared BMO bank on 03/02/15		(2,237.82)
Check #100010 entered to AP under NBC Bank but cleared BMO bank on 03/04/15		(6,966.59)
Check #100011 entered to AP under NBC Bank but cleared BMO bank on 03/17/15		(160.00)
03/23/15 ACH to Anthem (entered under NBC Bank but cleared BMO bank on 03/23/15)		(981.96)
	<u><u>(12,767.61)</u></u>	<u><u>(12,767.61)</u></u>

Difference between Bank and Books

Prepared by: _____

Approved by: _____

SUPERIOR, INC. (215)
OUTSTANDING CHECKS
March 31, 2015
HARRIS BANK (Bank Account Number Ending 1029)

TOTAL OUTSTANDING CHECKS ----->			<u>22,196.82</u>
CHECK #	DATE	PAYEE	AMOUNT
5064	03/06/15	Superior Water & Light & Power Co.	20,713.45
5071	03/06/15	A-1 Movers Inc.	1,003.50
5076	03/06/15	SMDC Clinical Lab - (Essentia Health)	479.87
			End

BMO  Harris Bank

A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217305

ACCOUNT NUMBER: 1029

01 09196

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

PAGE 1 OF 3

0
HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
OPERATING ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

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IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US
TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY
BMO HARRIS BANK N.A. MEMBER FDIC, EQUAL HOUSING LENDER. NMLS401052 VISIT US
ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

BUSINESS ADVANTAGE CKG
ACCOUNT NUMBER

1029 (Checking)

HP/SUPERIOR, INC.

Interest Paid YTD

1.12

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of February 28, 2015	26,150.06
6 Deposits (Plus)	100,111.28
54 Withdrawals (Minus)	116,833.51
Interest Paid (Plus)	.50
Ending Balance as of March 31, 2015	9,429.21

Deposits and Other Credits

Date	Amount	Description	Ref
Mar 05	23,035.56	RETURNED CHECK NSF	5063
Mar 05	37,000.00	INCOMING WIRE	
		FED WIRE TRANSFER CREDIT 1503050WIRE-IN	
Mar 13	6,946.00	TELLER DEPOSIT	
Mar 24	9,499.53	TELLER DEPOSIT	
Mar 27	5,130.19	RETURNED CHECK NSF	5074
Mar 27	18,500.00	INCOMING WIRE	
		FED WIRE TRANSFER CREDIT 1503270WIRE-IN	
Mar 31	.58	INTEREST PAID	

Withdrawals and Other Debits

Date	Amount	Description	Ref
Mar 04	3,084.89	ACH DEBIT	
		CTX US FOODSERVICE	VENDOR PAY
Mar 05	35.00	NSF FEE	
Mar 11	4,894.01	ACH DEBIT	
		CTX US FOODSERVICE	VENDOR PAY
Mar 13	13,800.00	PC TRANSFER DEBIT	
Mar 18	4,002.23	ACH DEBIT	
		CTX US FOODSERVICE	VENDOR PAY
Mar 23	981.96	ACH DEBIT	
		CCD ANTHEM INC	InsPremium
Mar 24	70.00	OVERDRAFT FEE	



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217396

ACCOUNT NUMBER: [REDACTED] 1029

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 2 OF 3

0

Mar 25	4,684.54	ACH DEBIT	
		CTX US FOODSERVICE	VENDOR PAY
Mar 27	35.00	NSF FEE	

Checks by Serial Number

Date	Serial #	Amount	Date	Serial #	Amount
Mar 02	5036	29.33	Mar 23	5069	7.48
Mar 02	5044 *	585.26	Mar 10	5070	175.00
Mar 05	5045	97.00	Mar 23	5072 *	182.00
Mar 02	5046	220.40	Mar 23	5073	231.78
Mar 16	5047	217.99	Mar 26	5074	57430.19
Mar 03	5048	166.40	Mar 31	5075	5,130.19
Mar 04	5049	3,502.11	Mar 26	5076	810.30
Mar 04	5050	61.62	Mar 17	5077 *	462.22
Mar 05	5051	197.00	Mar 12	5078	4,578.10
Mar 04	5053 *	13.61	Mar 11	5079	2,087.26
Mar 23	5054	250.00	Mar 31	5080	1,983.44
Mar 03	5055	691.78	Mar 11	5081	1,510.48
Mar 03	5056	4,294.13	Mar 16	5082	51.87
Mar 09	5057	171.94	Mar 12	5083	750.00
Mar 06	5058	801.08	Mar 30	5084	150.00
Mar 05	5059	332.92	Mar 11	5085	3,000.00
Mar 12	5060	1,500.00	Mar 12	5086	3,277.00
Mar 04	5061	1,114.58	Mar 16	5087	3,250.00
Mar 04	5063 *	237035-56	Mar 30	5088	3,459.55
Mar 24	5065 *	1,605.43	Mar 02	100009 *	2,237.82
Mar 17	5066	50.00	Mar 04	100010	6,966.59
Mar 16	5067	398.13	Mar 17	100011	160.00
Mar 30	5068	318.34			

* Indicates break in check sequence

Daily Balance Summary

Date	Balance	Date	Balance
Feb 28	26,150.86	Mar 16	6,003.56
Mar 02	23,078.05	Mar 17	5,331.34
Mar 03	17,925.74	Mar 18	1,329.11
Mar 04	19,853.22	Mar 23	324.11
Mar 05	39,520.42	Mar 24	7,499.99
Mar 06	38,719.34	Mar 25	2,815.45
Mar 09	38,547.40	Mar 26	3,125.04
Mar 10	38,372.40	Mar 27	20,470.15
Mar 11	26,080.65	Mar 30	16,542.26
Mar 12	16,775.55	Mar 31	9,429.21
Mar 13	9,921.55		

Statement Period Rates

Effective	Mar 01, 2015	Balance	Rate
		ZERO to 4,999	0.010 %
		5,000 to 9,999	0.010 %
		10,000 to 24,999	0.050 %
		25,000 to 49,999	0.050 %
		50,000 to 99,999	0.100 %
		100,000 to 249,999	0.100 %
		250,000 to 999,999	0.100 %
		1,000,000 to 9,999,999	0.100 %



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94039
PALATINE, IL 60094-4039

217396

ACCOUNT NUMBER: REDACTED 1029

01 09196

HP/SUPERIOR, INC.

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

PAGE 3 OF 3

0

10,000,000 to 99,999,999,999 0.100 %

ATTACHMENT 5A-2

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxxxx1029

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

HP/Superior-DP

Accounts Payable
Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0000005067	APSC-0000038	3/6/2015	145	UNUM Life Insurance Company of America
0000005068	APSC-0000038	3/6/2015	156	Ecolab
0000005069	APSC-0000038	3/6/2015	205	Brenda Dolsen
0000005070	APSC-0000038	3/6/2015	203	Katrina Warner
0000005079	APSC-0000038	3/6/2015	7	Petty Cash
0000005080	APSC-0000038	3/6/2015	7	Petty Cash
0000005081	APSC-0000038	3/6/2015	7	Petty Cash
0000005072	APSC-0000038	3/6/2015	21	Crandall & Associates
0000005073	APSC-0000038	3/6/2015	22	Charter Communications
0000005075	APSC-0000038	3/6/2015	34	Dc Lage Landen Financial Services, Inc.
0000005076	APSC-0000038	3/6/2015	38	SMDC Clinical Lab - (Essentia Health)
0000005078	APSC-0000038	3/6/2015	46	Health Partners
0000005082	APSC-0000038	3/6/2015	71	National Vision Administrators
0000005083	APSC-0000038	3/6/2015	89	Gary Peterson, M.D.
0000005064	APSC-0000038	3/6/2015	104	Soppor Water & Light & Power Co.
0000005065	APSC-0000038	3/6/2015	118	Telephone Associates
0000005066	APSC-0000038	3/6/2015	127	WI Dept of Justice
0000005071	APSC-0000038	3/6/2015	209	A-1 Movers Inc.
0000005074	APSC-0000038	3/6/2015	27	anLCo, Inc.
Run Date:		4/16/2015	8:58:33 AM	
Business Date:		4/16/2015		

Page 1

HF/Superior-DIP

Accounts Payable

Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
00000005077	APSC-0000038	3/6/2015	39	\$MT Health Systems 462.22
00000005084	APSC-0000041	3/6/2015	67	Susan Santori 150.00
00000005085	APSC-0000042	3/10/2015	44	Five Rivers Management, LLC 3,000.00
00000005086	APSC-0000047	3/11/2015	1	AltaCare Corporation 3,277.00
0003931115	APMC-0000048	3/11/2015	1	AltaCare Corporation 3,277.00 Reversed
0003931115	APMC-0000049	3/11/2015	1	AltaCare Corporation (3,277.00) Reversal
0003931115	APMC-0000050	3/11/2015	1	AltaCare Corporation 0.00
0003931115	APMC-0000051	3/11/2015	1	AltaCare Corporation 0.00
00000005087	APSC-0000048	3/13/2015	1	AltaCare Corporation 3,250.00
0999030415	APMC-0000055	3/14/2015	2	U.S. Foodservice 3,084.89
0999031115	APMC-0000057	3/11/2015	2	U.S. Foodservice 4,894.01
00000005063	APMC-0000058	3/18/2015	104	Superior Water & Light & Power Co. (23,035.56) Reversal
00000005088	APSC-0000049	3/26/2015	6	First Insurance Funding 3,459.55
0999031815	APMC-0000061	3/18/2015	2	U.S. Foodservice 4,002.23
0999032515	APMC-0000062	3/25/2015	2	U.S. Foodservice 4,684.54
00000005025	APMC-0000068	3/31/2015	1	AltaCare Corporation (10,050.96) Reversal
				39,244.54
			Report Total:	

Run Date: 4/16/2015 8:58:33 AM
 Business Date: 4/16/2015

Page 2

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
A standard bank reconciliation form can be found at http://www.usdoj.gov/usl/c21/reg_info.htm.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	<u>\$ 2,411.73</u>
Plus Total Amount of Outstanding Deposits	<u>\$</u>
Minus Total Amount of Outstanding Checks and other debits	<u>\$ (798.25)</u> *
Minus Service Charges	<u>\$</u>
Ending Balance per Check Register	<u>\$ 1,613.48</u> **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (185)
PAYROLL BANK RECONCILIATION
(185) 1-0000-1000005

March 31, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4308)

	Per Bank	Per Books
BEGINNING GL BALANCE		1,820.11
ENDING BANK BALANCE	2,411.73	
 FACILITY DEPOSITS		104,697.33
 WIRE TRANSFERS		58,500.00
 PAYROLL CHECKS 03/06/15 (#66096-66207)		(75,041.48)
PAYROLL CHECKS 03/06/15 (Reverse Invalid Check #66207)		3,535.10
PAYROLL CHECKS 03/20/15 (#66208-66299)		(71,417.09)
PAYROLL CHECKS 03/20/15 (Reverse Invalid Check #66299)		3,442.53
 OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(798.25)	
 EFT TAX PAYMENT - IRS - xx/xx/xx		
EFT TAX PAYMENT - IRS - xx/xx/xx		
 EFT TAX PAYMENT - STATE - xx/xx/xx		
EFT TAX PAYMENT - STATE - xx/xx/xx		
 PROLIANT AP PAYMENT - 03/05/15		(247.35)
PROLIANT AP PAYMENT - 03/19/15		(225.35)
 ANALYSIS CHARGE		(87.98)
NSF/OVERDRAFT FEES		(330.00)
WIRE FEES		
CASHIER CHECK FEES		
 VOIDED CHECKS		
 MISCELLANEOUS ITEMS:		
Write off check #5177 dated 3/22/13		3.22
03/18/15 Withdrawal for cashier's check for Superior Water Light & Power (entered to AP under OP Account)		(23,035.56)
	1,613.48	1,613.48
<i>Difference between Bank and Books</i>		0.00

Prepared by: _____

Approved by: _____

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
March 31, 2015
NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTSTANDING CHECKS			<u>798.25</u>
CHECK #	PAYEE	DATE	AMOUNT
66239	Kidder, Rebecca	03/20/15	83.40
66294	WI Council 40, Per Capita	03/20/15	714.86
		End	

Date 3/31/15 Page 1
Primary Account @XXXXXXXXXX@4308
Enclosures 213

HP SUPERIOR INC
ST FRANCIS IN THE PARK
PAYROLL ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

IG PLANS FOR 2015? Let us help you save money today. We have low interest rates
o finance your summer plans. Make an appointment with a Banker and find out
hat's possible.

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
PAYROLL ACCOUNT

PRIVACY NOTICE-Federal law requires us to tell you how we collect, share and
protect your personal information. Our privacy policy has not changed and you
may review our policy and practices with respect to your personal
information at nbcbanking.com or we will mail you a free copy upon request if
you call us at 715.394.5531.

Business Checking	Number of Enclosures
Account Number	Statement Dates 3/02/15 thru 3/31/15
Previous Balance	Days in the statement period 30
10 Deposits/Credits	Average Ledger 11,400.83
225 Checks/Debits	Average Collected 11,400.83
Service Charge	
Interest Paid	
Current Balance	2,411.73

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$330.00	\$420.00
Return item fees year to date	\$.00	\$.00

Date 3/31/15 Page 2
Primary Account @XXXXXXXXXX@4308
Enclosures 213

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

3/02 Total of 2 Checks Presented	1,257.14-	7,368.25
3/02 Analysis Service Charge	87.98-	7,280.27
3/03 Total of 1 Check Presented	2,086.67-	5,193.60
3/04 Total of 2 Checks Presented	2,400.33-	2,793.27
3/05 CHECKING DEPOSIT	32,028.87	35,622.14
3/05 PD BILL GA0582 HP/SUPERIOR ST FRANCIS HOME IN THE GA0582	247.35-	35,374.79
3/06 Trsf from OPERATING ACCT Confirmation number 306150128	23,000.00	58,374.79
3/06 Total of 37 Checks Presented	25,779.26-	32,595.53
3/09 Total of 34 Checks Presented	23,208.89-	9,386.64
3/10 Total of 24 Checks Presented	11,123.34-	1,736.70-
3/10 Paid Item Fee	30.00-	1,766.70-
3/10 Paid Item Fee	30.00-	1,796.70-
3/10 Paid Item Fee	30.00-	1,826.70-
3/10 Paid Item Fee	30.00-	1,856.70-
3/10 Paid Item Fee	30.00-	1,886.70-
3/10 Paid Item Fee	30.00-	1,916.70-
3/11 Trsf from OPERATING ACCT Confirmation number 311150054	5,000.00	3,083.30
3/11 CHECKING DEPOSIT	22,661.08	25,744.38
3/11 Total of 11 Checks Presented	6,797.28-	18,947.10
3/12 Total of 3 Checks Presented	1,407.69-	17,459.41
3/13 Total of 2 Checks Presented	2,271.37-	15,188.04
3/13 Transf to OPERATING ACCT Confirmation number 313150114	10,000.00-	5,188.04
3/16 Total of 2 Checks Presented	1,606.10-	3,581.94
3/17 Total of 2 Checks Presented	290.37-	3,291.57
3/18 Wire Transfer Credit COMMUNITY CARE CONNECTIONS OF SIN GEN ACCOUNT, ATTN: JASON TAYLOR, 3349 CHURCH ST STE 1 STEVENS POINT, WI 54481 ADVANCE PAYMENT TO: ST FRANCIS HE PARK - SUPERIOR, AKA HP SUPE INC. 20150318G1QQ750C002481 20150318QMGFNP67001178 03181232FT03	31,000.00	34,291.57
3/18 Total of 1 Check Presented	23,035.56-	11,256.01
3/19 CHECKING DEPOSIT	8,207.38	19,463.39
3/19 PD BILL GA0582 HP/SUPERIOR ST FRANCIS HOME IN THE GA0582	225.35-	19,238.04

Date 3/31/15 Page 3
 Primary Account 0XXXXXXXXXX@4308
 Enclosures 213

BUSINESS CHECKING

0XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

3/20	Wire Transfer Credit HP/SUPERIOR, INC. 1800 NEW YORK SUPERIOR, WI 54080 201503200G10G750C002850 201503200QMGRNP62001621 03201253FT03	16,000.00	35,238.04
3/20	Trsf from OPERATING ACCT Confirmation number 320150098	15,500.00	50,738.04
3/20	Total of 35 Checks Presented	28,549.98	22,180.06
3/23	TELEPHONE TRANSFER PER JEN	10,000.00	32,180.06
3/23	Total of 30 Checks Presented	24,059.63	8,128.43
3/24	Total of 16 Checks Presented	9,984.58	1,056.15
3/24	Paid Item Fee	30.00	1,086.15
3/24	Paid Item Fee	30.00	1,916.15
3/24	Paid Item Fee	30.00	1,946.15
3/24	Paid Item Fee	30.00	1,976.15
3/24	Paid Item Fee	30.00	2,006.15
3/25	Trsf from OPERATING ACCT Confirmation number 325150057	9,000.00	6,993.85
3/25	Total of 2 Checks Presented	378.26	6,615.59
3/26	Total of 3 Checks Presented	2,155.20	4,460.39
3/27	Total of 1 Check Presented	1,792.73	2,667.66
3/30	Total of 1 Check Presented	56.51	2,611.15
3/31	Total of 1 Check Presented	199.42	2,411.73

--- CHECKS IN CHECK NUMBER ORDER ---					
Date	Check No	Amount	Date	Check No.	Amount
3/09	66100	798.41	3/09	66100	173.55
3/18	66101	23,035.56	3/10	66101	933.98
3/24	66102	1,170.12	3/10	66102	184.70
3/12	66103	38.79	3/10	66103	184.70
3/04	66104	457.09	3/09	66104	1,035.77
3/04	66105	1,943.24	3/11	66105	1,713.25
3/17	66106	197.51	3/11	66106	184.70
3/03	66107	2,086.67	3/09	66107	1,029.65
3/09	66108	97.17	3/10	66108	304.14
3/02	66109	939.40	3/10	66109	1,245.66
3/02	66110	317.66	3/10	66110	184.70
3/12	66111	724.45	3/09	66111	322.40
3/11	66112	913.22	3/11	66112	2,014.81
3/09	66113	728.16	3/11	66113	184.70
3/09	66114	375.24	3/06	66114	1,379.25
3/09	66115	2,097.86	3/06	66115	550.30

Denotes missing check numbers

Date 3/31/15 Page 4
 Primary Account @XXXXXXXXXX@4308
 Enclosures 213

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---			
Date	Check No	Amount	Date
3/06	66116	931.17	3/09
3/06	66117	472.76	3/09
3/06	66118	593.55	3/09
3/06	66119	743.97	3/10
3/10	66120	863.88	3/10
3/09	66121	1,010.09	3/11
3/10	66122	910.13	3/11
3/06	66123	582.33	3/09
3/06	66124	633.13	3/09
3/06	66125	1,378.00	3/06
3/09	66126	520.76	3/10
3/06	66127	718.92	3/09
3/17	66128	92.86	3/06
3/06	66129	621.08	3/06
3/06	66130	762.66	3/09
3/06	66131	427.47	3/10
3/09	66132	753.78	3/10
3/09	66133	165.35	3/06
3/06	66134	373.05	3/09
3/06	66136*	1,317.94	3/09
3/09	66137	810.27	3/10
3/06	66138	351.93	3/06
3/10	66139	822.15	3/10
3/06	66140	777.52	3/10
3/06	66141	700.08	3/10
3/06	66142	546.53	3/09
3/09	66143	497.03	3/06
3/09	66144	833.83	3/16
3/09	66145	415.84	3/16
3/09	66146	588.18	3/06
3/06	66147	1,200.60	3/06
3/10	66148	86.64	3/06
3/10	66149	46.18	3/06
3/06	66150	756.13	3/10
3/13	66151	2,086.67	3/10
3/13	66152	184.70	3/06
3/06	66153	1,468.90	3/09
3/06	66154	173.55	3/09
3/06	66155	483.22	3/11
3/09	66156	866.91	3/12
3/09	66157	184.70	3/10
3/06	66158	1,361.82	3/11
3/06	66159	184.70	3/11
3/09	66160	522.11	3/11
3/09	66161	1,256.91	3/10

Denotes missing check numbers

Date 3/31/15 Page 5
 Primary Account @XXXXXXXXXX@4308
 Enclosures 213

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---			
Date	Check No	Amount	Date
3/20	66208*	1,457.04	3/20
3/23	66209	336.03	3/20
3/23	66210	1,510.76	3/24
3/27	66211	1,792.73	3/23
3/26	66212	941.66	3/23
3/23	66213	1,004.58	3/20
3/20	66214	1,991.93	3/20
3/23	66215	913.63	3/23
3/20	66216	907.43	3/20
3/23	66217	464.03	3/23
3/23	66218	837.43	3/23
3/23	66219	323.88	3/24
3/20	66220	1,687.12	3/23
3/20	66221	1,039.52	3/24
3/20	66222	922.81	3/23
3/20	66223	544.10	3/23
3/24	66224	364.31	3/20
3/20	66225	828.18	3/24
3/23	66226	674.71	3/23
3/24	66227	650.36	3/24
3/24	66228	770.54	3/20
3/23	66229	787.03	3/23
3/20	66230	512.67	3/20
3/20	66231	789.78	3/20
3/20	66232	1,330.86	3/23
3/23	66233	415.89	3/30
3/20	66234	670.76	3/20
3/31	66235	199.42	3/26
3/20	66236	649.40	3/26
3/20	66237	539.34	3/20
3/23	66238	731.21	3/23
3/20	66240*	463.68	3/20
3/23	66241	640.38	3/24
3/20	66242	907.76	3/20
3/24	66244*	877.90	3/20
3/20	66245	632.50	3/23
3/20	66246	659.64	3/20
3/20	66247	550.45	3/23
3/23	66248	494.77	3/23
3/23	66249	729.77	3/24
3/24	66250	250.83	3/24
3/23	66251	427.30	3/25
3/20	66252	1,259.73	3/24
3/25	66253	88.56	3/24

Denotes missing check numbers

Date 3/31/15 Page 6
Primary Account @XXXXXXXXXX@4308
Enclosures 213

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

* * * DAILY BALANCE INFORMATION * * *

Date	Balance	Date	Balance	Date	Balance
3/02	7,280.27	3/12	17,459.41	3/24	2,006.15-
3/03	5,193.60	3/13	5,188.04	3/25	6,615.59
3/04	2,793.27	3/16	3,581.94	3/26	4,460.39
3/05	35,374.79	3/17	3,291.57	3/27	2,667.66
3/06	32,595.53	3/18	11,256.01	3/30	2,611.15
3/09	9,386.64	3/19	19,238.04	3/31	2,411.73
3/10	1,916.70-	3/20	22,108.06		
3/11	10,947.10	3/23	8,128.43		

ATTACHMENT 5B
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Period ending 3/31/15

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the

Account for all disbursements, inc.

Account for all disbursements, including money paid by mail. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Check Register		St Francis Home In The Park Company (GA0582)		Check Date: 03/06/2015	Page 1
				Pay Period: 02/16/2015 to 03/01/2015	
				Process: 2015030601	
Bank Account	Trans Number	Bank Name	Description		
308	091800028	NATIONAL BANK OF COMMERCE	CLIENT- STARTED-2/17/15		
Payroll Checks					
Check/Voucher	Check Type	Check Date	Payable To Id	Name	Net Amount
66096	Reg	03/06/2015	780725	Bernsten, Linda	913.22
66097	Reg	03/06/2015	903859	Carlil, Tammi	728.16
66098	Reg	03/06/2015	82444	Edwards, Molly	375.24
66099	Reg	03/06/2015	789981	Johnson, Karen	2,097.86
66100	Reg	03/06/2015	789981	Johnson, Karen	173.55
66101	Reg	03/06/2015	199409	Johnston, Hannah	933.98
66102	Reg	03/06/2015	199409	Johnston, Hannah	184.70
66103	Reg	03/06/2015	199409	Johnston, Hannah	184.70
66104	Reg	03/06/2015	944582	Kovach, Jessica	1,035.77
66105	Reg	03/06/2015	923629	Prock, Kelly	1,713.25
66106	Reg	03/06/2015	923629	Prock, Kelly	184.70
66107	Reg	03/06/2015	747018	Ayers, Lauri	1,029.65
66108	Reg	03/06/2015	999868	Mobilia, Karin	384.14
66109	Reg	03/06/2015	066163	Radtke, Alecia	1,245.66
66110	Reg	03/06/2015	066163	Radtke, Alecia	184.70
66111	Reg	03/06/2015	703467	Riddell-Wade, Mary	322.40
66112	Reg	03/06/2015	999870	Schnepper, Dawn	2,014.51
66113	Reg	03/06/2015	999870	Schnepper, Dawn	184.70
66114	Reg	03/06/2015	846167	Swonger, Ho	1,379.25
66115	Reg	03/06/2015	887403	Anderson, Brenda	550.30
66116	Reg	03/06/2015	841445	Anderson, Tina	931.17
66117	Reg	03/06/2015	139922	Androski, Katie	472.76
66118	Reg	03/06/2015	961250	Ayers, Meagan	593.55
66119	Reg	03/06/2015	115245	Dockwell, Lily	743.97
66120	Reg	03/06/2015	864510	Birk, Randal	863.88
66121	Reg	03/06/2015	999875	Bodendorfer, Alexandra	1,010.09
66122	Reg	03/06/2015	920865	Chiles, Sarah	910.13
66123	Reg	03/06/2015	139245	Christmann, Devon	582.33
66124	Reg	03/06/2015	290506	D'Auda, Kiley	633.13
66125	Reg	03/06/2015	925354	Dograff, Elizabeth	1,378.00
66126	Reg	03/06/2015	734876	DeMoure, Brooke	520.76
66127	Reg	03/06/2015	22780	Espejo, Carolyn	718.92
66128	Reg	03/06/2015	848810	Hall, Angela	92.86
66129	Reg	03/06/2015	116920	Houle, Marcia	621.08
66130	Reg	03/06/2015	983557	Howes, Kathlina	762.66
66131	Reg	03/06/2015	677791	Jillson, Laura	427.47
66132	Reg	03/06/2015	686608	Johnson, Joan	753.78
66133	Reg	03/06/2015	702301	Kidder, Rebecca	165.35
66134	Reg	03/06/2015	045093	Kirschbaum, Kristen	373.05
66135	Reg	03/06/2015	154173	Loughren, Semantha	798.41
66136	Reg	03/06/2015	787262	Neigebeau, Tara	1,317.94
66137	Reg	03/06/2015	922627	Oufzen, Jennifer	810.27
66138	Reg	03/06/2015	801276	Peterson, Shelley Marie	351.93
66139	Reg	03/06/2015	667800	Rudtke, Kathleen	822.15
66140	Reg	03/06/2015	393759	Reed, Toni	777.52
66141	Reg	03/06/2015	540652	Ross, Margaret	700.08
66142	Reg	03/06/2015	085921	Sanders, Courtney	546.53
66143	Reg	03/06/2015	113942	Selmautz, Amber	497.03
66144	Reg	03/06/2015	296045	Strandness, Kayla	833.83
66145	Reg	03/06/2015	393281	Vang, Jiyon	415.84
66146	Reg	03/06/2015	291643	Vukelich, Sarah	588.18
66147	Reg	03/06/2015	945947	Winkler-Peterson, Angela	1,200.60
66148	Reg	03/06/2015	372486	Wise, Charly	86.64
66149	Reg	03/06/2015	372486	Wise, Charly	46.18
66150	Reg	03/06/2015	875489	Verlooy, Laurie	756.13
66151	Reg	03/06/2015	024246	Lundberg, Julianne	2,086.67
66152	Reg	03/06/2015	024246	Lundberg, Julianne	184.70
66153	Reg	03/06/2015	861711	Van Overmoiren, Melissa	1,468.90
66154	Reg	03/06/2015	861711	Van Overmoiren, Melissa	173.55
66155	Reg	03/06/2015	861711	Van Overmoiren, Melissa	483.22
66156	Reg	03/06/2015	725053	Broadwell, Catherine	866.91
66157	Reg	03/06/2015	725053	Broadwell, Catherine	184.70
66158	Reg	03/06/2015	660670	Fitch, Christine	1,361.82
66159	Reg	03/06/2015	660670	Fitch, Christine	184.70
66160	Reg	03/06/2015	768955	Aiken, Candy	522.11
66161	Reg	03/06/2015	904048	Jacobson, Sherry	1,256.91
66162	Reg	03/06/2015	904048	Jacobson, Sherry	184.70
66163	Reg	03/06/2015	904048	Jacobson, Sherry	277.05
66164	Reg	03/06/2015	722914	Johns, Barbara	430.62
66165	Reg	03/06/2015	068375	Kotz, Ashley	723.72
66166	Reg	03/06/2015	923913	Sjogren, Daniel	464.41
66167	Reg	03/06/2015	623137	Turnball, Patricia	378.70
66168	Reg	03/06/2015	623137	Turnball, Patricia	569.04
66169	Reg	03/06/2015	947024	Vnuk, Ross	525.33
66170	Reg	03/06/2015	523171	Wicklund, Joanne	988.26

Check Register		St Francis Home In The Park Company (GA0582)			Check Date: 03/06/2015	Page 2			
Bank Account	Trans Number	Bank Name	Payable to Id	Name	Pay Period: 02/16/2015 to 03/01/2015				
4308	091800028	NATIONAL BANK OF COMMERCE,			Process: 2015030601				
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check		
66171	<input type="checkbox"/> Reg	03/06/2015	623919	Brock, Wanda	724.08	0.00	724.08		
66172	<input type="checkbox"/> Reg	03/06/2015	172188	Carr, Amanda	147.17	0.00	147.17		
66173	<input type="checkbox"/> Reg	03/06/2015	920067	Coono, Steven	682.71	0.00	682.71		
66174	<input type="checkbox"/> Reg	03/06/2015	866817	Doolittle, Robin	612.63	0.00	612.63		
66175	<input type="checkbox"/> Reg	03/06/2015	152643	Downs, Cody	156.56	0.00	156.56		
66176	<input type="checkbox"/> Reg	03/06/2015	669468	Graskoy, Jean	1,273.98	0.00	1,273.98		
66177	<input type="checkbox"/> Reg	03/06/2015	581015	Odell, Barbara	688.77	0.00	688.77		
66178	<input type="checkbox"/> Reg	03/06/2015	928543	Sawyer, Donna	340.54	0.00	340.54		
66179	<input type="checkbox"/> Reg	03/06/2015	902439	Thompson, Tamara	368.07	0.00	368.07		
66180	<input type="checkbox"/> Reg	03/06/2015	081820	Warner, Katrina	1,044.95	0.00	1,044.95		
66181	<input type="checkbox"/> Reg	03/06/2015	081820	Warner, Katrina	173.55	0.00	173.55		
66182	<input type="checkbox"/> Reg	03/06/2015	999876	Abramianzon, Travis	124.00	0.00	124.00		
66183	<input type="checkbox"/> Reg	03/06/2015	999877	Cozzi, Terry	691.68	0.00	691.68		
66184	<input type="checkbox"/> Reg	03/06/2015	561027	Duffy, Thomas	948.62	0.00	948.62		
66185	<input type="checkbox"/> Reg	03/06/2015	561027	Duffy, Thomas	184.70	0.00	184.70		
66186	<input type="checkbox"/> Reg	03/06/2015	172472	Houle, Charles	173.19	0.00	173.19		
66187	<input type="checkbox"/> Reg	03/06/2015	999878	Rankin, Darren	450.45	0.00	450.45		
66188	<input type="checkbox"/> Reg	03/06/2015	256743	White, Petrol	748.63	0.00	748.63		
66189	<input type="checkbox"/> Reg	03/06/2015	470918	Anderson, Jai	1,421.40	0.00	1,421.40		
66190	<input type="checkbox"/> Reg	03/06/2015	470918	Anderson, Jon	184.70	0.00	184.70		
66191	<input type="checkbox"/> Reg	03/06/2015	483478	Christianson, Joan	1,088.65	0.00	1,088.65		
66192	<input type="checkbox"/> Reg	03/06/2015	483478	Christianson, John	184.70	0.00	184.70		
66193	<input type="checkbox"/> Reg	03/06/2015	847349	Dolsen, Brenda	783.31	0.00	783.31		
66194	<input type="checkbox"/> Reg	03/06/2015	847349	Dolsen, Brenda	173.55	0.00	173.55		
66195	<input type="checkbox"/> Reg	03/06/2015	086992	Gervais, Destiny	1,079.23	0.00	1,079.23		
66196	<input type="checkbox"/> Reg	03/06/2015	086992	Gervais, Destiny	184.70	0.00	184.70		
66197	<input type="checkbox"/> Reg	03/06/2015	761881	Minor, Mary	756.84	0.00	756.84		
66198	<input type="checkbox"/> Reg	03/06/2015	40859	Rose, Jennifer	1,919.77	0.00	1,919.77		
66199	<input type="checkbox"/> Reg	03/06/2015	40859	Rose, Jennifer	173.55	0.00	173.55		
Totals for Payroll Checks		104 Items			69,725.34	69,725.34			
Third Party and Misc Checks									
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check		
66200	<input type="checkbox"/> Agency	03/06/2015	22	WI SCTF	126.46	0.00	126.46		
66201	<input type="checkbox"/> Agency	03/06/2015	6	WI COUNCIL 40, PER CAPITA	724.45	0.00	724.45		
66202	<input type="checkbox"/> Agency	03/06/2015	81	HARTFORD LIFE	124.96	0.00	124.96		
66203	<input type="checkbox"/> Agency	03/06/2015	ARAD	Range Credit Bureau Inc.	425.77	0.00	425.77		
66204	<input type="checkbox"/> Agency	03/06/2015	CHoule	WISCTP	90.28	0.00	90.28		
66205	<input type="checkbox"/> Agency	03/06/2015	DOLB	Range Credit Bureau Inc	196.65	0.00	196.65		
66206	<input type="checkbox"/> Agency	03/06/2015	THOMT	Minnesota Child Support Payment	92.47	0.00	92.47		
66207	<input type="checkbox"/> Tax	03/06/2015	WI	THIS IS NOT A VALID CHECK	3,535.10	0.00	3,535.10		
100998	<input type="checkbox"/> Tax	03/06/2015	FITW	NATIONAL BANK OF COMME	20,833.00	20,833.00	0.00		
100999	<input type="checkbox"/> Transfer	03/05/2015	Billing	PROLIANT Atlanta	247.35	247.35	0.00		
Totals for Third Party and Misc Checks		10 Items			26,396.49	21,080.35	5,316.14		
Totals for Account 9071064308		Check Type			Count	Net Amount	Dir Dep	Net Check	
					Agency	7	1,781.04	0.00	1,781.04
					Reg	104	69,725.34	0.00	69,725.34
					Tax	2	24,368.10	20,833.00	3,535.10
					Transfer	1	247.35	247.35	0.00
					Totals	114	96,121.83	21,080.35	75,041.48
Account Totals		Account			Count	Net Amount	Dir Dep	Net Check	
					9071064308	114	96,121.83	21,080.35	75,041.48
					Totals	114	96,121.83	21,080.35	75,041.48

Check Register		St Francis Home In The Park Company (QA0582)		Check Date: 03/20/2015 Pay Period: 03/02/2015 to 03/15/2015 Process: 2015032001	Page 1		
Bank Account 4308	Transit Number 091800028	Bank Name NATIONAL BANK OF COMMERCE	Description CLIENT- STARTED-2/17/15				
Payroll Checks Check/Voucher	Check Type	Check Date	Payable To Id	Name	Net Amount	Dir Dep	Net Check
66208	<input type="checkbox"/> Reg	03/20/2015	903859	Carlén, Tammi	1,457.04	0.00	1,457.04
66209	<input checked="" type="checkbox"/> Reg	03/20/2015	82444	Edwards, Molly	336.03	0.00	336.03
66210	<input type="checkbox"/> Reg	03/20/2015	088039	Eagel, Justin	1,510.76	0.00	1,510.76
66211	<input type="checkbox"/> Reg	03/20/2015	789981	Johnson, Karen	1,792.73	0.00	1,792.73
66212	<input type="checkbox"/> Reg	03/20/2015	199409	Johnston, Hannah	941.66	0.00	941.66
66213	<input type="checkbox"/> Reg	03/20/2015	944582	Kovach, Jessional	1,004.58	0.00	1,004.58
66214	<input type="checkbox"/> Reg	03/20/2015	923629	Prock, Kelly	1,991.93	0.00	1,991.93
66215	<input type="checkbox"/> Reg	03/20/2015	747018	Ayres, Lauri	913.63	0.00	913.63
66216	<input type="checkbox"/> Reg	03/20/2015	989420	Gavin, Michael	907.43	0.00	907.43
66217	<input type="checkbox"/> Reg	03/20/2015	999868	Mobilis, Karin	464.03	0.00	464.03
66218	<input type="checkbox"/> Reg	03/20/2015	066163	Radtke, Alecia	837.43	0.00	837.43
66219	<input type="checkbox"/> Reg	03/20/2015	703467	Riddell-Wade, Mary	323.88	0.00	323.88
66220	<input type="checkbox"/> Reg	03/20/2015	999870	Schnepper, Dawn	1,687.12	0.00	1,687.12
66221	<input type="checkbox"/> Reg	03/20/2015	846167	Swonger, Ilo	1,039.52	0.00	1,039.52
66222	<input type="checkbox"/> Reg	03/20/2015	887403	Anderson, Brenda	922.81	0.00	922.81
66223	<input type="checkbox"/> Reg	03/20/2015	841445	Anderson, Tina	514.10	0.00	514.10
66224	<input type="checkbox"/> Reg	03/20/2015	139922	Androski, Katie	364.31	0.00	364.31
66225	<input type="checkbox"/> Reg	03/20/2015	961250	Ayers, Meagan	828.18	0.00	828.18
66226	<input type="checkbox"/> Reg	03/20/2015	115215	Beckwell, Lily	674.71	0.00	674.71
66227	<input type="checkbox"/> Reg	03/20/2015	864510	Birk, Randal	650.36	0.00	650.36
66228	<input type="checkbox"/> Reg	03/20/2015	999875	Bodendorfer, Alexandra	770.54	0.00	770.54
66229	<input type="checkbox"/> Reg	03/20/2015	920865	Chiles, Sarah	787.03	0.00	787.03
66230	<input type="checkbox"/> Reg	03/20/2015	139245	Christman, Devon	512.67	0.00	512.67
66231	<input type="checkbox"/> Reg	03/20/2015	290506	D'Auria, Kiley	789.78	0.00	789.78
66232	<input type="checkbox"/> Reg	03/20/2015	923534	Degrat, Elizabeth	1,330.86	0.00	1,330.86
66233	<input type="checkbox"/> Reg	03/20/2015	734876	DeMours, Brooke	415.89	0.00	415.89
66234	<input type="checkbox"/> Reg	03/20/2015	22780	Espelo, Carolyn	670.76	0.00	670.76
66235	<input type="checkbox"/> Reg	03/20/2015	848810	Hall, Angela	199.42	0.00	199.42
66236	<input type="checkbox"/> Reg	03/20/2015	116920	Houle, Marci	649.40	0.00	649.40
66237	<input type="checkbox"/> Reg	03/20/2015	677191	Jillson, Laura	539.34	0.00	539.34
66238	<input type="checkbox"/> Reg	03/20/2015	686608	Johnson, Joan	731.21	0.00	731.21
66239	<input type="checkbox"/> Reg	03/20/2015	702301	Kidder, Rebecca	83.40	0.00	83.40
66240	<input type="checkbox"/> Reg	03/20/2015	045093	Kirschbaum, Kristen	463.68	0.00	463.68
66241	<input type="checkbox"/> Reg	03/20/2015	154173	Loughren, Savannah	640.38	0.00	640.38
66242	<input type="checkbox"/> Reg	03/20/2015	787262	Neugebauer, Tara	907.76	0.00	907.76
66243	<input type="checkbox"/> Reg	03/20/2015	922627	Oulzen, Jennifer	1,170.12	0.00	1,170.12
66244	<input type="checkbox"/> Reg	03/20/2015	667800	Radtke, Kathleen	877.90	0.00	877.90
66245	<input type="checkbox"/> Reg	03/20/2015	393759	Reed, Toni	632.50	0.00	632.50
66246	<input type="checkbox"/> Reg	03/20/2015	540652	Ross, Margaret	659.64	0.00	659.64
66247	<input type="checkbox"/> Reg	03/20/2015	085921	Sanders, Courtney	550.45	0.00	550.45
66248	<input type="checkbox"/> Reg	03/20/2015	113942	Schnaibl, Amber	491.77	0.00	491.77
66249	<input type="checkbox"/> Reg	03/20/2015	290645	Strandness, Kayla	729.77	0.00	729.77
66250	<input type="checkbox"/> Reg	03/20/2015	393261	Vang, Jlyon	250.83	0.00	250.83
66251	<input type="checkbox"/> Reg	03/20/2015	291643	Vukelich, Sandi	427.30	0.00	427.30
66252	<input type="checkbox"/> Reg	03/20/2015	945947	Winkler-Peterson, Angela	1,259.73	0.00	1,259.73
66253	<input type="checkbox"/> Reg	03/20/2015	372486	Wlso, Charity	88.56	0.00	88.56
66254	<input type="checkbox"/> Reg	03/20/2015	983557	Howes, Kathrina	704.44	0.00	704.44
66255	<input type="checkbox"/> Reg	03/20/2015	875489	Verlooy, Lauri	856.79	0.00	856.79
66256	<input type="checkbox"/> Reg	03/20/2015	024246	Lundberg, Julianne	2,146.38	0.00	2,146.38
66257	<input type="checkbox"/> Reg	03/20/2015	861711	Van Overmeiren, Molissa	1,468.90	0.00	1,468.90
66258	<input type="checkbox"/> Reg	03/20/2015	861711	Van Overmeiren, Molissa	1,119.03	0.00	1,119.03
66259	<input type="checkbox"/> Reg	03/20/2015	723053	Broadwell, Catherine	895.59	0.00	895.59
66260	<input type="checkbox"/> Reg	03/20/2015	660670	Pitch, Christine	1,361.80	0.00	1,361.80
66261	<input type="checkbox"/> Reg	03/20/2015	768955	Alken, Candy	572.96	0.00	572.96
66262	<input type="checkbox"/> Reg	03/20/2015	130312	Houle, Jenni	274.38	0.00	274.38
66263	<input type="checkbox"/> Reg	03/20/2015	904048	Jacobson, Sherry	1,256.91	0.00	1,256.91
66264	<input type="checkbox"/> Reg	03/20/2015	904048	Jacobson, Sherry	277.05	0.00	277.05
66265	<input type="checkbox"/> Reg	03/20/2015	722914	Johns, Barbara	403.84	0.00	403.84
66266	<input type="checkbox"/> Reg	03/20/2015	068375	Kotz, Ashley	596.36	0.00	596.36
66267	<input type="checkbox"/> Reg	03/20/2015	923913	Slogren, Daniel	521.86	0.00	521.86
66268	<input type="checkbox"/> Reg	03/20/2015	947024	Vnuk, Ross	694.00	0.00	694.00
66269	<input type="checkbox"/> Reg	03/20/2015	523171	Wicklund, Jonine	1,110.84	0.00	1,110.84
66270	<input type="checkbox"/> Reg	03/20/2015	623919	Brock, Wanda	890.92	0.00	890.92
66271	<input type="checkbox"/> Reg	03/20/2015	172188	Carr, Amanda	213.87	0.00	213.87
66272	<input type="checkbox"/> Reg	03/20/2015	920067	Coone, Steven	693.49	0.00	693.49
66273	<input type="checkbox"/> Reg	03/20/2015	866817	Doolittle, Robbi	731.37	0.00	731.37
66274	<input type="checkbox"/> Reg	03/20/2015	152643	Downs, Cody	143.18	0.00	143.18
66275	<input type="checkbox"/> Reg	03/20/2015	659468	Graskey, Jenn	1,273.97	0.00	1,273.97
66276	<input type="checkbox"/> Reg	03/20/2015	928543	Sawyer, Donna	358.51	0.00	358.51
66277	<input type="checkbox"/> Reg	03/20/2015	902439	Thompson, Tamara	357.01	0.00	357.01
66278	<input type="checkbox"/> Reg	03/20/2015	081820	Warner, Kaitlin	1,044.96	0.00	1,044.96
66279	<input type="checkbox"/> Reg	03/20/2015	999876	Abrhannzon, Travis	56.51	0.00	56.51
66280	<input type="checkbox"/> Reg	03/20/2015	999877	Cozzi, Terry	679.92	0.00	679.92
66281	<input type="checkbox"/> Reg	03/20/2015	561027	Duffy, Thomas	1,076.49	0.00	1,076.49
66282	<input type="checkbox"/> Reg	03/20/2015	561027	Duffy, Thomas	137.05	0.00	137.05

Check Register					SI Panels Home In The Park Company (GA0582)	Check Date: 03/20/2015 Pay Period: 03/02/2015 to 03/15/2015 Process: 2015032001	Page 2
Bank Account 1308	Transit Number 091800028	Bank Name NATIONAL BANK OF COMMERCE			Description CLIENT- STARTED-2/17/15		
Check/Voucher	Check Type	Check Date	Payable To Id	Name	Net Amount	Dir Dep.	Net Check
66283	<input type="checkbox"/> Reg	03/20/2015	172472	Houle, Charles	214.45	0.00	214.45
66284	<input type="checkbox"/> Reg	03/20/2015	999878	Rankin, Damon	384.86	0.00	384.86
66285	<input type="checkbox"/> Reg	03/20/2015	256743	White, Patrick	534.75	0.00	534.75
66286	<input type="checkbox"/> Reg	03/20/2015	470918	Anderson, Ian	1,438.04	0.00	1,438.04
66287	<input type="checkbox"/> Reg	03/20/2015	483478	Christianson, Jonn	1,144.86	0.00	1,144.86
66288	<input type="checkbox"/> Reg	03/20/2015	847349	Dolsen, Brenda	1,007.52	0.00	1,007.52
66289	<input type="checkbox"/> Reg	03/20/2015	086992	Gervais, Destiny	1,079.23	0.00	1,079.23
66290	<input type="checkbox"/> Reg	03/20/2015	761881	Miner, Mary	781.16	0.00	781.16
66291	<input type="checkbox"/> Reg	03/20/2015	40859	Rose, Jennifer	1,919.77	0.00	1,919.77
66292	<input type="checkbox"/> Reg	03/20/2015	40859	Rose, Jennifer	275.90	0.00	275.90
Totals for Payroll Checks					85 Items	66,524.85	66,524.85
Third Party and Misc Checks							
Check/Voucher	Check Type	Check Date	Payable To Id	Name	Net Amount	Dir Dep.	Net Check
66293	<input type="checkbox"/> Agency	03/20/2015	22	WI SCTP	126.46	0.00	126.46
66294	<input type="checkbox"/> Agency	03/20/2015	6	WI COUNCIL 40, PER CAPITA	714.85	0.00	714.85
66295	<input type="checkbox"/> Agency	03/20/2015	81	HARTFORD LIFE	135.95	0.00	135.95
66296	<input type="checkbox"/> Agency	03/20/2015	ARAD	Renge Credit Bureau Inc.	289.70	0.00	289.70
66297	<input type="checkbox"/> Agency	03/20/2015	CHI010	WISCITP	90.28	0.00	90.28
66298	<input type="checkbox"/> Agency	03/20/2015	THOMT	Minnesota Child Support Payment	92.47	0.00	92.47
66299	<input type="checkbox"/> Tax	03/20/2015	WI	THIS IS NOT A VALID CHECK	3,442.53	0.00	3,442.53
101000	<input type="checkbox"/> Tax	03/20/2015	FITW	NATIONAL BANK OF COMMERCE	19,996.75	19,996.75	0.00
101001	<input type="checkbox"/> Tax	03/20/2015	MN	THIS IS NOT A VALID CHECK	66.00	66.00	0.00
101002	<input type="checkbox"/> Transfer	03/19/2015	Billing	Proliant Atlanta	225.35	225.35	0.00
Totals for Third Party and Misc Checks					10 Items	25,180.34	20,288.10
Totals for Account 9071064308							
	Check Type		Count		Net Amount	Dir Dep	Net Check
	Agency		6		1,449.71	0.00	1,449.71
	Reg		85		66,524.85	0.00	66,524.85
	Tax		3		23,505.28	20,062.75	3,442.53
	Transfer		1		225.35	225.35	0.00
	Totals		95		91,705.19	20,288.10	71,417.09
Account Totals							
	Account		Count		Net Amount	Dir Dep	Net Check
	9071064308		95		91,705.19	20,288.10	71,417.09
	Totals		95		91,705.19	20,288.10	71,417.09

ATTACHMENT 4B-2

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/l2/reg_info.htm.

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx1096

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	<u>\$ 146.81</u>
Plus Total Amount of Outstanding Deposits	<u>\$</u>
Minus Total Amount of Outstanding Checks and other debits	<u>\$</u> *
Minus Service Charges	<u>\$</u>
Ending Balance per Check Register	<u>\$ 146.81</u> **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215)
PAYROLL BANK RECONCILIATION
(215) 1-0000-1000005
March 31, 2015
HARRIS BANK (Bank Account Number Ending 1096)

	Per Bank	Per Books
BEGINNING GL BALANCE		166.81
ENDING BANK BALANCE	146.81	
 FACILITY DEPOSITS		
 EARNED INTEREST		
 WIRE TRANSFERS		
 PAYROLL CHECKS xx/xx/xx		
PAYROLL CHECKS xx/xx/xx (Reverse Invalid Check #x)		
PAYROLL CHECKS xx/xx/xx		
PAYROLL CHECKS xx/xx/xx (Reverse Invalid Check #x)		
 OUTSTANDING CHECKS (SCHEDULE ATTACHED)	0.00	
 EFT TAX PAYMENT - IRS - xx/xx/xx		
EFT TAX PAYMENT - IRS - xx/xx/xx		
 EFT TAX PAYMENT - STATE - xx/xx/xx		
EFT TAX PAYMENT - STATE - xx/xx/xx		
 PROLIANT AP PAYMENT - xx/xx/xx		
PROLIANT AP PAYMENT - xx/xx/xx		
 ANALYSIS CHARGE		(20.00)
NSF/OVERDRAFT FEES		
WIRE FEES		
CASHIER CHECK FEES		
 VOIDED CHECKS		
 MISCELLANEOUS ITEMS:		
	146.81	146.81

Difference between Bank and Books

Prepared by: _____

Approved by: _____



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217401

ACCOUNT NUMBER: 1096

Statement Period
03/01/15 TO 03/31/15
IM00990029000000000

01 09196

PAGE 1 OF 2

HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
PAYROLL ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

.000

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

BUSINESS ADVANTAGE CKG
ACCOUNT NUMBER 1096 (Checking) HP/SUPERIOR, INC.

Interest Paid YTD .90

SERVICE CHARGE ANALYSIS

		Maintenance Fee	Volume	Units	Amount
Average Ledger Bal	362.07	Checks Paid	2		20.00
Average Float	.00	Checks Deposited	0		
Average Coll Bal	362.07	Deposits	0		
		ACH Credits	0		
		ACH Debits	0		
		Total Transactions	2		
		Excessive Trans > 500	0	.25	.00
		Total Service Charge			20.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of February 28, 2015	1,412.28
2 Withdrawals (Minus)	1,245.47
Service Charge (Minus)	20.00
Ending Balance as of March 31, 2015	146.81

Withdrawals and Other Debits

Date	Amount	Description
Mar 31	20.00	MAINTENANCE FEE

Checks by Serial Number	Date	Serial #	Amount	Date	Serial #	Amount
	Mar 05	20100	1,156.18	Mar 17	20122 *	09.29

* Indicates break in check sequence



BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217402

ACCOUNT NUMBER: [REDACTED] 1096

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

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Daily Balance Summary

Date	Balance	Date	Balance
Feb 28	1,412.28	Mar 17	166.81
Mar 05	256.10	Mar 31	146.81

Statement Period Rates

Effective	Mar 01, 2015	Balance	Rate
		ZERO to	0.010 %
		5,000 to	0.010 %
		10,000 to	0.050 %
		25,000 to	0.050 %
		50,000 to	0.100 %
		100,000 to	0.100 %
		250,000 to	0.100 %
		1,000,000 to	0.100 %
		10,000,000 to	0.100 %
		4,999	
		9,999	
		24,999	
		49,999	
		99,999	
		249,999	
		999,999	
		9,999,999	
		99,999,999,999	

ATTACHMENT 5B-2
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxx1096

PURPOSE OF ACCOUNT: PAYROLL

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the

Account for all disbursements, including voids, to:

Account for all disbursements, including fees, by computer. In this alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxxxx1037

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$ 374.58
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ 374.58 **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215)
TAX BANK RECONCILIATION
(215) 1-0000-1000006

March 31, 2015

HARRIS BANK (Bank Account Number Ending 1037)

	Per Bank	Per Books
		<u>(3.00)</u>
BEGINNING GL BALANCE		
ENDING BANK BALANCE	<u>374.58</u>	
FACILITY DEPOSITS		20,000.00
EARNED INTEREST		
WIRE TRANSFERS		37,300.00
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	0.00	
EFT TAX PAYMENT - IRS - 03/09/15		(24,289.69)
EFT TAX PAYMENT - IRS - 03/13/15		(24,674.86)
EFT TAX PAYMENT - STATE (WI) - 03/13/15		(4,185.18)
EFT TAX PAYMENT - STATE (WI) - 03/16/15		(3,679.69)
PROLIANT AP PAYMENT - xx/xx/xx		
PROLIANT AP PAYMENT - xx/xx/xx		
ANALYSIS CHARGE		(73.00)
NSF/OVERDRAFT FEES		(40.00)
WIRE FEES		
CASHIER CHECK FEES		
VOIDED CHECKS		
MISCELLANEOUS ITEMS:		
<i>Difference between Bank and Books</i>	<u>374.58</u>	<u>374.58</u>
		<u>(0.00)</u>

Prepared by: _____

Approved by: _____



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217397

ACCOUNT NUMBER: 1037

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.
DBA ST FRANCIS IN TH PARK
TAX ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

PAGE 1 OF 2

.000

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER, NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

ESSENTIAL BUSINESS CKG
ACCOUNT NUMBER 1037 (Checking) HP/SUPERIOR, INC.

SERVICE CHARGE ANALYSIS

		Maintenance Fee	Volume	Units	Amount
Average Ledger Bal	1,705.41	Checks Paid	0		.00
Average Float	.00	Checks Deposited	0		
Average Coll Bal	1,705.41	Deposits	0		
		ACH Credits	0		
		ACH Debits	5		
		Domestic Wire In	4	12.00	48.00
		Domestic Wire Out	1	25.00	25.00
		Total Transactions	5		
		Excessive Trans > 150	0	.50	.00
		Total Service Charge			73.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of February 28, 2015	3.00-
6 Deposits (Plus)	94,965.38
8 Withdrawals (Minus)	94,514.80
Service Charge (Minus)	73.00
Ending Balance as of March 31, 2015	374.58

Deposits and Other Credits

Date	Amount	Description
Mar 09	25,000.00	INCOMING WIRE FED WIRE TRANSFER CREDIT 1503090WIRE-IN
Mar 13	5,500.00	INCOMING WIRE FED WIRE TRANSFER CREDIT 1503130WIRE-IN
Mar 13	9,000.00	INCOMING WIRE FED WIRE TRANSFER CREDIT 1503130WIRE-IN
Mar 13	13,000.00	PC TRANSFER CREDIT

BMO  **Harris Bank**
A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

217390

ACCOUNT NUMBER: **1037**

Statement Period
03/01/15 TO 03/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 2 OF 2

0

Mar 16	20,000.00	INCOMING WIRE
		FED WIRE TRANSFER CREDIT 1503160WIRE-IN
Mar 17	21,665.38	RETURNED ACH DEBIT NSF
		CCD IRS USATAXPYMT

Withdrawals and Other Debits

Date	Amount	Description
Mar 06	5.00	CONSECUTIVE DAY OD FEE
Mar 09	24,269.69	ACH DEBIT
		CCD IRS USATAXPYMT
Mar 13	4,185.18	ACH DEBIT
		CCD WI DEPT REVENUE TAXPAYMNT
Mar 13	24,674.86	ACH DEBIT
		CCD IRS USATAXPYMT
Mar 16	3,679.69	ACH DEBIT
		CCD WI DEPT REVENUE TAXPAYMNT
Mar 16	21,665.38	ACH DEBIT
		CCD IRS USATAXPYMT
Mar 17	35.00	NSF FEE
Mar 20	16,000.00	OUTGOING WIRE TRANSFER
		FED WIRE TRANSFER DEBIT 150320007821
Mar 31	48.00	SERVICE CHARGE
Mar 31	25.00	SERVICE CHARGE

Daily Balance Summary

Date	Balance	Date	Balance
Feb 28	3.00-	Mar 16	5,182.80-
Mar 06	8.00-	Mar 17	16,447.58
Mar 09	722.31	Mar 20	447.58
Mar 13	162.27	Mar 31	374.50

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Period ending 3/31/15

NAME OF BANK: BMG Harris Bank BRANCH: _____

BRANCH: _____

ACCOUNT NAME: HP/Superior ACCOUNT # xxxxxxxx1037

ACCOUNT # xxxxxxxx1037

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust/>

TOTAL **SUMMARY OF TAXES PAID** **(d)**

Payroll Taxes Paid	(a)
Sales & Use Taxes Paid	(b)
Other Taxes Paid	(c)
TOTAL	(d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
TOTAL				(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acc.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between Cash On Hand (Column 2) and At End of Month (Column 3)
Business Office	\$4,500.00	\$4,500.00	0.00
TOTAL		\$ 4,500.00	(b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ (c)

(c) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

PETTY CASH RECONCILIATION FORM

Facility Number / Name

Date 4/3/15

Vendor # 7

DATE	G/L ACCT #	DESCRIPTION	AMOUNT	REC'D BY
3/31/15	1-1304-6225 205	Plant Supplies, P&L Rm	107.87	JG
4/2/15	1-1305-6100 800	Activity Supplies	15.00	CB
3/27/15	1-1305-6100 800	Activity Supplies-Bengal	3.00	CB
4/2/15	1-1305-6100 800	Activity Supplies	14.36	SJ
3/27/15	1-1305-6100 800	Activity Supplies	78.00	TA
4/1/15	1-1311-6125 485	Postmaster Postage	19.99	BD
3/26/15	1-1311-6125 485	Postage	88.98	JG
4/1/15	1-1311-6300 300	Marketing Luncheon	64.00	SJ
3/31/15	1-1301-6100 880	Dietary Supplies	8.44	SJ
3/31/15	1-1311-6100 910	Dietary Raw Foods	3.94	SJ
3/30/15	1-1311-6100 400	AT&T-Office Supplies	130.70	JG
3/31/15	1-1311-6100 400	AT&T Office Supplies	141.17	AD
4/1/15	1-1311-6100 400	AT&T Office Supplies	100.00	AD

RECAP

G/L ACCT #	AMOUNT
1-1304-6225 205	107.87
1-1305-6100 800	60.36
1-1311-6125 485	108.97
1-1311-6300 300	64.00
1-1301-6100 880	8.44
1-1301-6100 910	3.94
1-1311-6100 400	371.87

* Total Amount Disbursed

725.45

Cash in Transit

3,708.59

Cash On Hand

65.96

Total

4,500.00

MUST = \$250

* This must agree with attached vouchers/receipts. 4,500.00

Make Check Payable To PETTY CASH


Administrator's Signature

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 3/1/15 Period ending 3/31/15

Period ending 3/31/15

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: HP/Superior, Inc. Case Number: 14-71779

Reporting Period beginning 3/1/15 Period ending 3/31/15

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
None			

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	16	65
Number hired during the period	0	8
Number terminated or resigned during period	0	8
Number of employees on payroll at end of period	16	65

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Due
----------------------------	-----------------	------------------	------------------	--------------------	-------------

See Attached _____

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse
-------------	-------------	-----------------	------------------

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.



CERTIFICATE OF LIABILITY INSURANCE

STFRA-2 OP ID: KE

DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME Kelly Harney PHONE (Area, No, Ext.) 703-359-8100 FAX (Area, No, Ext.) 703-359-8108 EMAIL kharney@hamiltoninsurance.com ADDRESS	
INSURED	INSURER A: HPI/Superior, Inc., dba St. Francis in the Park Health and Rehabilitation Center (Debtor in Possession)	INSURER B: Lloyd's of London
	INSURER C: 	INSURER D:
	INSURER E: 	INSURER F:
	INSURER(S) AFFORING COVERAGE INSURER A: AA112	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LNB	TYPE OF INSURANCE	ADDITIONAL INSR. Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE	\$ 100,000
A	GENERAL LIABILITY					DAMAGE TO PROPERTY (Per occurrence)	\$
	X COMMERCIAL GENERAL LIABILITY					MED EXP (Any one person)	\$
	X CLAIMS-MADE <input type="checkbox"/> OCCUR					PERSONAL & ADV INJURY	\$
	X Prof. Liab Includ					GENERAL AGGREGATE	\$ 300,000
	GENL AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident)	\$
	ANY AUTO ALLOWED					BODILY INJURY (Per person)	\$
	AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	Hired Autos <input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
	DED. <input type="checkbox"/> RETENTIONS <input type="checkbox"/>					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N					WC STATUS TORY RATE	OTH PR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>					E.I. EACH ACCIDENT	\$
	(Mandatory in NY)					E.I. DISEASE + EA EMPLOYEE	\$
	If yes, describe in box DESCRIPTION OF OPERATIONS below					E.I. DISEASE + POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: HPI Superior, Inc. d/b/a St. Francis in the Park Health & Rehabilitation Center, 1800 New York Avenue, Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

FORINFO

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Robert Schumann

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCORIFF, BETHLEHEM & WILLIAMS OF GEORGIA, INC.
6605 Glendale Drive • Suite 300
Atlanta, GA 30342

CONTACT NAME: Karl Devito
PHONE: 404 487-7600
EMAIL ADDRESS: kdevito@mogriff.com

1108 Holt

NAO F

INSURED
Superior Healthcare Investors, Inc.
AlleCare Corporation
IIP Holdings, Inc.
6895 Windward Parkway
Suite 200
Alpharetta, GA 30004

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: WLAJ00W4

REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BENEFITS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF INSURANCE		INSURANCE PERIOD FROM 01/01/2014 TO 31/12/2014	POLICY NUMBER	POLICY TYPE (IMMEDIATELY)	POLICY TYPE (NON-IMMEDIATELY)	LIMITS
GENERAL LIABILITY						
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						DAMAGES (CREDIBLE PROBLEMS) (per occurrence)
						PERSONAL & ANY INJURY
						GENERAL AGGREGATE
						PRODUCTS - COMMODITY AGGREGATE
DENTAL AGGREGATE LIMIT APPLIES PER						
POLICY <input type="checkbox"/> NO- YEAR <input type="checkbox"/> LOO						
AUTOMOBILE LIABILITY						
ANY AUTO ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (per accident)
Hired Autos						DODGY INJURY (per person)
UMBRELLA LIAB		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				DODGY INJURY (per accident)
EXCESS LIAB						PROPERTY DAMAGE (per accident)
DED <input type="checkbox"/> RETENTION %						
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY						EACH OCCURRENCE
ANY PROPRIETOR/GENERAL EXECUTIVE OFFICER/ MEMBER EXCLUDED		<input type="checkbox"/> Y/N	N/A			AGGREGATE
Key details under DESCRIPTION OF OPERATIONS below						
OTLINE			105510004	11/01/2014	11/01/2016	Employee Dishonesty Retention
						1,000,000 25,000

DECOMMISSION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Addendum 101, Additional Reserve Schedule, if more space is required)
Re: St. Francis In the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Capital Source Finance
4445 Willard Ave., 12th Floor
Chevy Chase, MD 20815

AUTHORIZED REPRESENTATIVE

J. Fred Hart

POLICY NUMBER: 42 UEN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF THE DECLARATIONS - ADDITIONAL
PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED
INSUREDS**

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

ALTA CARE CORPORATION

ST FRANCIS HP/SUPERIOR, INC.

Form IH 12 04 03 12 SEQ. NO. 02

© 2012, The Hartford



CERTIFICATE OF LIABILITY INSURANCE

ALTAC-1 OP ID: GF

DATE (MM/DD/YYYY)
04/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	Phone: 703-359-8100 Fax: 703-359-8100	CONTACT NAME	Kelly Harney	
Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monument Center Dr. #500 Fairfax, VA 22303 Robert Schumann		PHONE	(703) 359-8100	
		FAX	(703) 359-8100	
		EMAIL ADDRESS	KHarney@hamiltoninsuranc00.com	
INSURED	AltaCare Corporation 6895 Windward Parkway S-200 Alpharetta, GA 30005	INSURER(A) The Hartford Ins. Co.		NAIC #
		INSURER(B)		
		INSURER(C)		
		INSURER(D)		
		INSURER(E)		
		INSURER(F)		

TYPE OF INSURANCE	INSURER NAME		POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	REVISION NUMBER:	
						WEEK	YEAR
GENERAL LIABILITY						EACH OCCURRENCE	\$
COMMERCIAL GENERAL LIABILITY						DAWARD TO RENTED PREMISES (Per occurrence)	\$
CLAIM MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMPLETED AGG	\$
						GENERAL LIABILITY	\$
ONE AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO- VIS. <input type="checkbox"/> 100						COMBINED SINGLE LIMIT PER PERSON	\$ 1,000,000
AUTOMOBILE LIABILITY			42 UEN JFD460	03/01/2014	03/01/2016	BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> ANY AUTO ALLOWED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-LICENSED AUTOS						BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
UMBRELLA LIABILITY						EACH OCCURRENCE	\$
EXCESS LIABILITY						AGGREGATE	\$
DED <input type="checkbox"/> RETENTION <input type="checkbox"/>						WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED <input type="checkbox"/> YES, describe under DESCRIPTION OF OPERATIONS below						EL. DISEASE - ON DUTY <input type="checkbox"/> ON DUTY <input type="checkbox"/>	\$
						EL. EACH ACCIDENT <input type="checkbox"/>	\$
						EL. DISEASE - EX-EMPLOYEE <input type="checkbox"/>	\$
						EL. DISEASE - POLICY LIMIT <input type="checkbox"/>	\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach Addendum 101, Additional Remarks Schedule, if more space is required)							

CERTIFICATE HOLDER		CANCELLATION	
For Information Purposes Only		INFO-5	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE Robert Schumann	

Client#: 1107110
ACORD_® CERTIFICATE OF LIABILITY INSURANCE

11STFRANCH

DATE (MM/DD/YYYY)
 7/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(s), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BB&T Insurance Services, Inc. P.O. Box 2100 Phone - 770-604-6818 Alpharetta, GA 30023	CONTACT NAME PHONE FAX, MOB, E-MAIL, ADDRESS	TAX REG. NO. 600-027-9870
	INSURER(s) AFFORDING COVERAGE INSURER A Amerisure Insurance Company	NAID # 19408
INSURED HP Superior Inc dba St Francis In the Park Health and Rehabilitation Center 6895 Windward Pkwy, Suite 200 Alpharetta, GA 30005	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGEs		CERTIFICATE NUMBER:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	ACCO. NUMBER OR S/N	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXPI. (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per Occurrence) \$ MED EXP (Per Day/Per Person) \$ PERSONAL & ADV INJURY \$ GENERAL ADVERSE \$ PRODUCTS - COMP/OP AGO \$ \$
GENERAL AGGREGATE LIMIT APPLIES PER POLICY POLICY <input type="checkbox"/> EXPI. <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (Per Accident) \$ BODY INJURY (Per Person) \$ BODY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Person) \$ \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$ \$
UMBRELLA/LAB <input type="checkbox"/> OCCUR EXCESS/LAB <input type="checkbox"/> CLAIMS-MADE					
DED <input type="checkbox"/> RETENTION <input type="checkbox"/>					
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED <input type="checkbox"/> [Signature] in R/H (Yes, describe under DESCRIPTION OF OPERATIONS below)	R/A	TBD	07/13/2014	07/13/2018	X <input type="checkbox"/> WE STATUS TODAY/11/14 <input type="checkbox"/> EL. EACH ACCIDENT \$100,000 EL. DISEASE - EA EMPLOYEE \$100,000 EL. DISEASE - POLICY LIMIT \$100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					

CERTIFICATE HOLDER	CANCELLATION
Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE <i>John G. Johnson</i>	



CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED/ENTERED
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(s) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MCGRIFF, SEBELS & WILLIAMS OF GEORGIA, INC. 6505 Oldridge Drive • Suite 300 Atlanta, GA 30342	CONTACT NAME Karl DeWee	
	PHONE 404 497-7600	FAX 404, 497-7607
	EMAIL kdewee@mcgriff.com	
	INSURER(S) AFFORDING COVERAGE	NAME
	INSURER A (Travelers Casualty & Surety Company)	
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	ADDRESS OF INSURED 105519004	POLICY NUMBER 105519004	POLICY DATES 11/01/2014	POLICY EXPIRATION DATE 11/01/2015	REVISION NUMBER: WLA9XGW
					EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS OWNED MAY HAVE BEEN REDUCED BY PAID CLAIMS.
GENERAL AGGREGATE LIMIT APPLIES PER POLICY MO. YTD: 100					EACH OCCURRENCE \$
					DAMAGED PROPERTY (Ex. Contents) \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS INAD AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				GENERAL AGGREGATE \$
					PROPERTY DAMAGE \$
GENERAL LIABILITY EXCESS LIABILITY CLAIMS-MADE					GENERAL AGGREGATE \$
					EXCESS LIABILITY \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? Mandatory in HI Key describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	105519004	11/01/2014	11/01/2015	HOSPITAL \$
					EL. EACH ACCIDENT \$
A ORIGIN		105519004	11/01/2014	11/01/2015	EL. DISEASE - EA EMPLOYEE \$
					EL. DISEASE - POLICY LIMIT \$
					Employer Dishonesty Retention \$
					1,000,000 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis In the Park (Health & Rehabilitation, 1000 New York Ave., Superior, WI 54028)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD®

EVIDENCE OF PROPERTY INSURANCE WLAKXCW4

DATE (MM/DD/YYYY)
10/31/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THIS ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	NAME	404 497-7600	COMPANY
MCGRUFF, SEIBELS & WILLIAMS OF GEORGIA, INC. 6605 Glenridge Drive - Suite 300 Atlanta, GA 30342		Affiliated PM Insurance Now Providence Corp. 2000 River Edge Parkway Atlanta, GA 30328-4052	
FAX	EMAIL ADDRESS	LOAN NUMBER	
CODE	PHONE CODE	POLICY NUMBER	
AGENCY CUSTOMER ID #	43465	EFFECTIVE DATE 11/01/2014	EXPIRATION DATE 11/01/2015
INSURED Superior Healthcare Investors, Inc. AlphaCare Corporation HP Holdings, Inc. 5005 Windward Parkway Suite 200 Alpharetta, GA 30004		CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
St. Francis in the Park Health & Rehabilitation
1800 New York Ave.
Superior, WI 54880

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

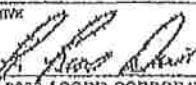
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
SEE ATTACHED		

REMARKS (including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
		

ACORD 27 (2009/12)

Page 2 of 2

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Attachment to Evidence of Property Insurance
St. Francis In the Park Health & Rehabilitation

COVERAGE INFORMATION			
	COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Value - Replacement Cost/Special Form		\$ 8,700,103	\$10,000
Contents - Replacement Cost/Special Form		\$ 1,284,000	\$10,000
Business Income/Extra Expense - Actual Loss Sustained		\$ 1,500,000	\$10,000
Flood Sublimit		\$25,000,000	\$100,000
Earthquake Sublimit		\$25,000,000	\$100,000
Boller & Machinery Property Damage - Included			\$10,000
Boller & Machinery Business Interruption			Average Daily Value
Certified Acts of Terrorism Included			
Demolition and Increased Cost of Construction			
Item A: Undamaged Portion		Policy Limit	
Item B: Demolition		\$5,000,000	
Item C: Compliance with the Law		Included in Item B	
Item D: Business Interruption		Included in Item B	



THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towne Square, Ste 1470
Southfield, MI 48070
Telephone: 248-281-0281
Fax: 248-760-0431

Continuation Certificate

WI Department of Health & Family Services
1 W Wilson St
Madison, Wisconsin 53702

In accordance with the terms of the Bond or Statute, you are hereby given written notice of the continuation of the following bond:

Bond Number 05004628

Issued to St. Francis In The Park Health & Rehab Center
In favor of WI Department of Health & Family Services
described as Patient Fund Bond

Continuation shall be effective on 0/20/2014 and expire on 0/20/2016.

This bond continues in force to the above expiration date provided that losses and recoveries on it and all endorsements shall never exceed the penalty set forth in the bond, no matter how long this bond is in force.

In witness whereof, The Guarantee Co. Of North America USA has caused this instrument to be signed by its duly authorized Attorney-In-Fact this 2001 day of September, 2014.

St. Francis In The Park Health & Rehab Center

Principal

By: CKM - AM

By:

Karen Farnell, Attorney-In-Fact

Serving North America since 1872



The Guarantee Company of North America USA
Southfield, Michigan

POWER OF ATTORNEY

POWER OF ATTORNEY NUMBER (must match bond number on bond): 85004525

Patent Fund Bond

Forty Five Thousand Dollars (\$45,000.00)

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Keith Parnell, Fairfax, VA

Its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts or otherwise, indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office,

The Power of Attorney is executed and may be certified to, and may be revoked, pursuant to and by authority of Article IX, Section 8.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and affix the Seal of the Company Director, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consent for the release of finished personnel and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not release this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Contractor — Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 8th day of December 2011, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contract of indemnity and other writings obligatory in the nature thereof, and such signature and resolution so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this instrument to be signed and
its corporate seal to be affixed by its authorized officer, the 23rd day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

STATE OF MICHIGAN
County of Oakland

Stephen G. Rutschak, Vice President

Randall Muscolman, Secretary

Stephen G. Rutschak

Randall Muscolman

On this 23rd day of February, 2012 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn, said that such is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the corporate seal of said Company; that the corporate seal and such signature were duly affixed by order of the Board of Directors of

Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand in The Guarantee Company of North America USA office the day and year above written.

Cynthia A. Takai

I, Randall Muscolman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company this 20th day of September, 2014

Randall Muscolman
Randall Muscolman, Secretary

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before Non Applicable.

CERTIFICATE OF SERVICE

This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee
362 Richard Russell Federal Building
75 Spring Street, S. W.
Atlanta, Georgia 30303

This 31st day of August, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.

Ashley R. Ray

J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Counsel for the Debtor

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
(404) 893-3880